Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16-31**, **2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

			O D repprova	1110. 0340 0015	
APPLICATION FOR FEDERAL ASSISTAN	CE 2	. Date Submitted		Applicant Identifier	
Type of Submission:	.3	Date Rec'd by State		State Application Identifier	
pplication Preapplication					
Construction Construction	4	. Date Rec'd by Federal	A Control of the Cont	Federal Identifier	
X Nonconstruction Nonconstruction	· ·				
A_ Nonconstruction Nonconstruction					
Applicant Information:	C	Organizational Unit:			
egal Name and Address:		anta Ana Regional Wate	er Quality Contr	ol Board	
give city, county, state, and zip code)		Name and telephone of p			
State Water Resources Control Board		nvolving this application			
1001 I Street, Sacramento County		Calitha Sweaney			
Sacramento, California 95814	T T	909) 782-3219			
Sacramento, Cantolina 93614		, , , , , , , , , , , , , , , , , , , ,			
5. Employer Identification Number (EIN): 680.	281986 7	7. Type of Applicant: (er	nter appropriate	letter)A	
Disproyer Identification (Million (Mill)		A. State	H. Independ	ent School District	
5. DUNS Number: 808321913		3. County		tute of Higher Learning	
		C. Municipal			
8. Type of Application:		D. Township	K. Indian Tr		
X_NewRevisionContinuation		E. Interstate	L. Individua		
If Revision, enter appropriate letter(s).	1,	F. Intermunicipal	M. Profit O		
A. Increase Award B. Decrease Award		G. Special District	N. Other (sp		
C. Increase Duration D. Decrease Duration	"	o. opecial District	in Omer (of		
Other (specify)	ļ.	9. Name of Federal Age	ncv'		
27.1			ncy: ronmental Prote	ction Agency	
10. Catalog of Federal Domestic Assistance Number	r	U. S. Chvii	omnemar riote	enon Agency	
66.461	<u> </u>	11 Descriptive Title of	Applicant's Proj	ect.	
Title: Wetlands Grants		11. Descriptive Title of Applicant's Project:			
		The Alicella - Chile	icat is the second	laction of Rocin Plan	
		The objective of this pro			
12. Area Affected by Project:		wetland amendments tha			
(cities, counties, states, etc.)	1			of water quality standards	
Santa Ana River Basin area, State of C	alifornia	of wetlands within the Sa	anta Ana Kiver	Dill 1117 (1972)	
13. Proposed Project:			: - t - E		
Start Date End Date		14. Congressional Distr			
10/1/04 9/30/05		Applicant:		A 11	
		3	California -		
15. ESTIMATED FUNDING:		16. Is the application su		by the State	
	. 1	Executive Order (EO) 13		Y	
a. Federal \$50,00	00	a. YES: X_Th	is application/pi	reapplication was made	
b. Applicant \$0				2372 process for	
c. State \$48,00	07	review on:		,	
d. Local \$0			Date: May		
e. Other \$0				vered by EO # 12372	
f. Program Income \$0		Pro	ogram has not b	een selected by the	
			te for review.		
g. TOTAL \$98,0	07	17. Is the applicant deli	nquent on any F	rederal debt?	
[6. 1017]D		YES, attach exp		XNO	
		- A			
18. TO THE BEST OF MY KNOWLEDGE AND	BELIEF, ALL DA	TA IN THIS APPLICA	TION/PREAPP	LICATION ARE	
TRUE AND CORRECT, THE DOCUMENT HAS	BEEN DULY AL	THORIZED BY THE C	OVERNING B	OARD OF THE	
APPLICANT, AND THE APPLICANT WILL CON	MPLY WITH THI	E ATTACHED ASSURA	ANCES IF THE	ASSISTANCE	
IS AWARDED.					
		J. Tille:		c Telephone Number	
a. Typed Marie Difference	<u> </u>	Executive	Director	(916) 341-5615	
Celeste Cantú	-		DIROGO	(210) 3 11 3013	
	RANT O C	 		e. Date Signed:	
d. Signature of Authorized Representative	MAY 28 2	2004 19		c. Date Signed.	
				Standard Form 424 (Pay 7 07)	
Previous Editions Not Usable	TORIZED FOR LO	CAUREPRODUCTION	15	Standard Form 424 (Rev 7-97)	
. N. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	es toffeebowl 11 511 5	100 1 3 to 100 00 00 00	Рте	scribed by OMB Circular A-102	

OMB Approval No. 0348-0043

APPLICATION FOR FE	DERAL ASSISTANCE	2. Date Submitted	Applicant Identifier
1. Type of Submission:			R9 Tracking # 04-425
Application Pr	eapplication	3. Date Rec'd by State	State Application Identifier
ConstructionX_ Nonconstruction	Construction Nonconstruction	4. Date Rec'd by Federal	Federal Identifier
	ources Control Board cramento County	Organizational Unit: Los Angeles Regional Water Quality Co Name and telephone of person to be con involving this application (give area code Melinda Becker (213) 576-6681	tacted on matters
8. Type of Application: _X_New Revision If Revision, enter appropriate A. Increase Award C. Increase Duration Other (specify) 10. Catalog of Federal Domes 66.463	Continuation 28 2004 B. Decrease Award D. Decrease Duration STATE CLEARING HO	Municipal J. Private Unicipal J. Private Unicipal F. Interstate L. Individual M. Profit On Profi	lent School District tute of Higher Learning niversity tibe I ganization ecify)
12. Area Affected by Project: (cities, counties, states, etc.) City and County of Los Angele 13. Proposed Project:	es, California	The development of Total Maximum Dai for the Marina del Rey Harbor Back Basi to monitor wet-weather runoff from land-other impairing pollutants contained in the	n. A joint-project effort use areas for metals and
Start Date 7/1/04	End Date 6/30/05	14. Congressional District of: Applicant: Project: 3 California - A	
15. ESTIMATED FUNDING:		16. Is the application subject to review by	
a. Federal b. Applicant c. State d. Local e. Other f. Program Income	\$150,000 \$0 \$0 \$0 \$0 \$0	Executive Order (EO) 12372 process? a. YES: _X This application/pre available to the State EO 12 review on: Date: May 28 b. NO: Program is not cover Program has not bee state for review.	application was made 2372 process for 3, 2004 red by EO # 12372
g. TOTAL	\$150,000	17. Is the applicant delinquent on any Fed YES, attach explanation	deral debt? _XNO
TRUE AND CORRECT, THE APPLICANT, AND THE APPLIS AWARDED.	DOCUMENT HAS BEEN DULY AU LICANT WILL COMPLY WITH TH	L ATA IN THIS APPLICATION/PREAPPLI UTHORIZED BY THE GOVERNING BO, E ATTACHED ASSURANCES IF THE A	ARD OF THE
a. Typed Name of Authorized I Celeste Cantú	Representative	b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Rep	resentative		e. Date Signed:
Previous Editions Not Usable	ATTHORIZED FOR LOC		

	<i>O</i> R				2. DATE SI	JBMITTE	D		Appl	icant lo	dentifier	31011 0700
	ISTAI	NCE			05/26/004							7
	SSION:				3. DATE RI	ECEIVED	BY STATE		State	e Appli	cation Identifier	
		Preapplic	ation									
	<i>,</i> n	Cons	truction		4. DATE RI	ECEIVED	BY FEDERAL	. AGEN	CY Fede	eral ide	nhher	LANCE TO THE PARTY OF THE PARTY
☐ Non-	struction	✓ Non-C	Construct	ion								
5. APPLICA	NT INFORMATION				1		Organizatio	nal Uni	t:			
* Legal Nam	ne: International R	esource Gro	oup				Department:					
* Organizati	onal DUNS:	0580092	62				Division:					
Address:							Name and telephone number of person to be contacted on matters involving this application (give area code)					
* Street1:	614 Grand Avenue,	Suite 400					Prefix: Ms.	(3	* First Na	me: F	Patricia	
Street2:							Middle Name	h.				
* City:	Oakland	Co	ounty [Alameda			* Last Name:		burn			
* State:	CA * Zip 6	Code: 9461	0	* Cour	ntry US	A	Suffix:	Diagn	* Email:	black	burn@jba-cht.com	
6. * EMPLO	YER IDENTIFICATION	N NUMBER	R (EIN):				* Phone Num	ber (aive		L	Fax Number (give area code)	
							510-625-1256				510-625-9307	
8. TYPE OF	APPLICATION:						7. * TYPE OF	APPLIC	CANT: zati	on (Oth	ner than Institution of I	k.s.
✓ New Continuation Revision					Other (specify) Non-Profit							
If Revision, e	enter appropriate lette	r(s) in box(e	s)									
A. Increase Aw	ard B. Decrease Awa	rd C. Inci	ease Durati	on			9. * NAME O	F FEDEI	RAL AGEN	CY:		
D. Decrease Di	uration Other (specify):						Administratio	n for Ch	ildren and F	amilie	es .	
10. CATALO	G OF FEDERAL DO	MESTIC AS	SISTANC	E	93.57	1	11. * DESCR	IPTIVE	TITLE OF	APPLIC	CANT'S PROJECT:	
TITLE: Comr	munity Services Block	Grant Discre	etionary A	wards_Co	mmunity Foo	d and N	Training for WIC staff in family-centered education about nutrition and/or					
12 * APEAS	AFFECTED BY PR	OJECT	(Cities, Counti	es States etc).		physical acti	ivity.				
California	AFFECTED BT FR	OJECI	· Cities, Count	63, Glatta, etc.] .							
13. * PROPO	OSED PROJECT:						14. * CONGRESSIONAL DISTRICTS OF:					
* Start Date			* Ending	Date			* a. Applican	t			* b. Project	
10/01/2004			09/30/2	2005			9				Multiple	
15. * ESTIMA	TED FUNDING:				and the same of th		16. IS APPLI ORDER 1237			r to r	EVIEW BY STATE EXECUT	IVE
* a. Federal		\$	-	50,000.	.00					APPLIC	ATION WAS MADE AVAILABLE	<u>:</u> то
* b. Applican	t	WEL		0.	.00						PROCESS FOR REVIEW ON:	
* c. State	THE COL	\$		0.	.00		✓ Y		DATE	05/26		
* d. Local	MAY '	5 8 50 D	+	0.	.00		b.	ROGRAN	VI IS NOT CO	OVERE	D BY E.O. 12372	
* e. Other		\$	ousE	0.	.00						EN SELECTED BY STATE FOR	REVIEW
* f. Program	Income STATE CLE	ARING		0.	.00						ON ANY FEDERAL DEBT?	-
g. TOTAL		\$		50,000					" attach an	·		
18. * TO THE BE GOVERNING BO	EST OF MY KNOWLEDGE DDY OF THE APPLICANT	AND BELIEF AND THE AP	, ALL DATA PLICANT W	IN THIS AF	PPLICATION/PI _Y WITH THE A	REAPPLIC ATTACHED	ATION ARE TRUE ASSURANCES IF	AND COF	RRECT. THE E SISTANCE IS A	OCUME AWARDI	ENT HAS BEEN DULY AUTHORIZED ED.	BY THE
a. Authori Representa	ative		First Nan	ne: Pat	ricia			Mid	Idle Name		Suffix:	
*	* Last Name:	Blackbu	П			* o Tolo:	hone Number	(aive are	sa code).		25-1256	ı
	ssociate Executive D						ber (give area		, [25-9307	
<u> </u>	ackburn@jba-cht.cor	-	\rightarrow		AC	$\supset f$	A .					1
d. Signature	of Authorized Represe	entative: 🐚	1 t	Complete	ed ofn application	seigh M	Granta gov	e. D	ate Signed:	557	်းရေး) ဝ ှုခု ပျံဖျာ်ssion to Gran	its.gov

Sent by the Award Winning Cheyenne Bitware

				OMB Approval No. 0348-0043
APPLICATION FOR FEDERAL ASSISTANCE	CE	2. DATE SUBMITTE 03/02/04	D	Applicant Identifier
1. TYPE OF SUBMITTING: Application	Preapplication	3. DATE RECEIVED	BY STATE	State Application Identifier
Construction Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATIO	N	The second secon		
Legal Name: OV-UCLA Education & Res	earth-Institute 6 E	IV BIP	Organizational Unit:	
Address (give city, county, State, a 14445 Olive View Drive Research Administration Off Sylmar, CA 91342-1495	ice MAY	2 8 2004 L	application (give area code) Tim Aronson (818) 364-34	erson to be contacted on matters involving this
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIV): CLE	AKINOTIO	7. TYPE OF APPLICANT: (enter	r appropriate letter in box)
8. TYPE OF APPLICATION: New If Revision, enter appropriate letter	Continuation Revis	ion	A. State II. Indepe B. County I. State C C. Municipal J. Private D. Township K. Indian E. Interstate L. Individ G. Special District N. Other (lual Organization
Di Doctorio Danieri Gino (gr			9. NAME OF FEDERAL AGEN	NCY:
			US Environmental Protectio	n Agency
10. CATALOG OF FEDERAL DO TITLE: 12. Areas affected by project (Citi]	BER:	Assessment of the Potential (POE) Filters to Promote Gr (RGM) in Potable Water.	PPLICANT'S PROJECT: for the Point-of-Use (POU) and Point-of-Entry owth of Rapidly Growing Mycobacteria
Los Angeles & Orange Coun	ties			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:		
Start Date	a. Applicant 26th Congressional Dist	riet	b. Project 26th (Los Angeles) and 24th	(Ventura)
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT EXECUTIVE ORDER 12372	TO REVIEW BY STATE PROCESS? VES
a, Federal	\$ 75,000	.00	a, YES, THIS PREAPPLICATION	
b. Applicant (In-Kind)	\$ 17,933	.00	PROCESS FOR REVIEW ON DATE 6-1-2004	
c, State	\$.90	b. NO. PROGRAM IS NOT CO	– VERED BY E.O. 12372 OR
d. Local	\$.00,	PROGRAM HAS NOT BEEN REVIEW	
e. Other	\$.00		
f. Program Income	\$ 92,933	.00	17. IS THE APPLICANT DELIN U Yes If "Yes," attach an expla	QUENT ON ANY FEDERAL DEBT?
I8. TO THE BEST OF MY KNO DULY AUTHORIZED BY THE C ASSISTANCE IS AWARDED.	L WLEDGE AND BELIEF, ALL I SOVERNING BODY OF THE A	DATA IN THIS APPLICA APPLICANT AND THE A	ATION/PREAPPLICATION ARE TI	RUE AND CORRECT. THE DOCUMENT HAS BEEN ITHE ATTACHED ASSURANCES IF THE
a. Type Name of Authorized Repr Denise Tritt	esentative b.7	Title siness Manager		Telephone Number 18) 364-3434
d. Signature of Authorized Repres	entative DUMM	e Just	03	Date Signed . 02/04
<u>L </u>				France 424 (Page 7 07)

APPLICATION FOR				OMB Appro	oval No. 0348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED June 4,	2004	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit		
Pacific Directions			n/a		
Address (give city, county, State,	and zip code):	EIWEI,	Name and telephone re	umber of person to be contacted o	n matters involving
940 LAKME Avenue Wilmington, California		<u> </u>	this application (give ar Dr. John R. Ph	ജ <i>യയ)</i> nalen (714) 901 1674 .	
6. EMPLOYER IDENTIFICATION	NUMBER (FIN): MA	7 2 8 2004	7 TYPE OF APPLICA	NT: (enler appropriate letter in box	
95-3424	5 9 2		A State	H. Independent School Dist.	N
B. TYPE OF APPLICATION:	STATE CI	EABING HOUS	line I	I. State Controlled Institution of His	gher Learning
✓ New	Communition	Revision	D. Township	J. Private University K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstete	L. Individual	
ii iteratii ene appropriate en	(0) ((1)		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	Duretion	G. Special District	N. Other (Specify) Non Profit A	Agency
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	L AGENCY:	
		Contraction of Michigan Contractions.	HHS-ACF-OCS		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	:
	Г	9 3 - 5 7 1	South Central I or	Angeles Nutrition Collabor	rative
	L		South Certain Co.	Angeles Number Conde	2000
TITLE:	1507 (Aul	A			
12 AREAS AFFECTED BY PRO	·	nes, erc.).			
South Central Los Angele	s City and County				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF 35th Con	ngressional	District []	
Start Date Ending Date	a. Applicant		b. Project		
10/1/24 9/30/05	Pacific Di	rections		nity Food and Nutrition Prog	
15. ESTIMATED FUNDING:		!	16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATI OCESS?	E EXECUTIVE
a. Federal	\$	50,000	VIII WILL BOEA	COLLOATION/ACCOLLOATION (A/AC	. MADE
b. Applicant	\$	- 	•	PPLICATION/APPLICATION WAS TO THE STATE EXECUTIVE OR	1
D. Applean		0		FOR REVIEW ON;	
c. State	\$	0	DATE	May 28, 2004	
d. Local	S	0	b. No. [1 PROGRA	M IS NOT COVERED BY E. O. 12	372
s. Other	\$	0		RAM HAS NOT BEEN SELECTE	ı
f December	\$	<u> </u>	FOR REV		
f. Program Income		0 ·	17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDER	1
g. TOTAL	\$	50,000		mach an explanation.	☑ No
18. TO THE BEST OF MY KNOW	NLEDGE AND BELIEF, ALI	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	ION ARE TRUE AND CORRECT,	INE MIN THE
ATTACHED ASSURANCES IF			E APPLICANT AND TH	IE APPLICANT WILL COMPLY W	MID 186
a. Type Name of Authorized Rep		b. Title		c. Telephone Number	
Anna Marie Erro	 	Executive Director		(310) 549-1968	
d. Signature of Authorized Repre	sentative.			e. Date Signed	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

					Version 7/03
APPLICATION FOR	:	2 DATE SUBMITTED	/;	Applicant Identi	fier
FEDERAL ASSISTANCE		3. DATE RECEIVED BY	STATE	State Application	n Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	4. DATE RECEIVED BY		Federal Identific	er
Construction	Construction				
Non-Construction	Non-Construction				
APPLICANT INFORMATION			Organizational Unit		
Legal Name: FRATERNITE	NOTRE DAT	15	Department:		
	905 5212		Division:		
			Name and telephon	e number of per	son to be contacted on matters
Address:	A 1-0		involving this appli	LEires Name	(code)
2569 TE	entre and	10E	Prefix: SISTER	First Name:	IATUE
City: CAMARILL	0			HRISTINE	
County: VENTURI	7 17 18	BE IVE		ABE	
State: CA	Zip Code	MOS IV IS	Suffix:		
Country: USA				DUSA@	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EW): N	TAY 2 8 2004	Phone Number (give	,	Fax Number (give area code)
13-3600 1 00			805217	,	773 26 16577
8. TYPE OF APPLICATION:	L	OLEARRAY SON OU			EL acount of Abblication Library
If Revision, enter appropriate la KSee back of form for description	tter(s) in Bex(es)	WLT KIRRYSOFT OL	Other (specify)	104 7100	
Other (specify)			9. NAME OF FEDE	RAL AGENCY:	C CS CANT'S PROJECT:
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
Community Food	and Nutration	200 660		11- 0000	NITICHON PROJECT
TITLE (Name of Program):	ogram	93-370	HWD WOD	ile sout	NOTO 1100 CO.
40 AGE AS ASSECTED BY P	ROJECT (Cities Countie	ett, States, etc.):			
CITY OF LOS PART	gales & ven	rrura county			
13. PROPOSED PROJECT				NAL DISTRICTS	OF: CAU FORNIA
Start Date: SEPT 280	L Ending Date: S	EPT 200 5	a. Applicent		b. Project 34 & 30
15. ESTIMATED FUNDING:	<u> </u>		ADDEM 49373 DDC	CECCO	REVIEW BY STATE EXECUTIVE
	10(- CU	THIS D	REAPPLICATION	VAPPLICATION WAS MADE
a. regeral	59,44		PROC	ESS FOR REVIE	
in kind Staff	225,00		DATE;	May 31	,2004
c. State The Rund Food	280,00	<u> </u>	PROG	RAM IS NOT CO	VERED BY E. O. 12372
d. Local	5	, po	b. No. ::!	OGRAM HAS NO	OT BEEN SELECTED BY STATE
e. Other	\$		U FAB B	ピハモバ	NT ON ANY FEDERAL DEBT?
1. Program Income	241,70	O'C			
g. TOTAL	\$ 846,12		Yes If "Yes" att.	ach an explanatio	n. No CORRECT THE
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	YAUTHORIZED BY IN	E COATUMING DOD. A.	THE APPLICANT A	ND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative			Mid	dle Name Co	madeble
Prefix Sixter	First Name Name	e Christine	Suf		
Last Name FATSE				elephone Numbe	r (give srea code)
b. Title PROGRAT	1 DIRECTO	2	ì	805	21 + 2004
d, Signature of Authorized Rep	presentative Ginter	Jane Christs	in tou Take	Jate Signed Ma	y 31, 2004 Standard Form 424 (Rev.9-200
					Standard Form 424 (Rev.9-200

NO.751

PART I - FACE SHEET

APPLICATION FOR	FEDERAL ASSISTA	MCE	1. TYPE OF SUBMISSION: Non-Construction
28. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/21/04	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:
26. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:
04 SR043 23 2	04/21/04		
APPLICATION INFORMATION			
EGAL NAME: County of Secramento Depar		NAME AND COMPERSON TO BE	NTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
ADDRESS (give alreat address, city, state 2433 Munconi Avenue Sacramento CA 95821 3. EMPLOYER IDENTIFICATION NUMBE 946000529	MAY 2 6 2004	75. Lucal Govern	JMBER: (916) 875-3664 (916) 875-3799 AL ADDRESS: andersonl@saccounty.nct LICANT: were - County cont, Municipal
TYPE OF APPLICATION: X NEW CONTROLL REVISION	GNIANTE CLEARING MC	Local Educati Area Agency o Medith Depart	on Agency on Aging
f Revision, enter appropriate letter(s) in both A. Increase Award B. Obcrease Av	المستحمل المستحمل		· ·
D. Decregae Duration		1	DERAL AGENCY: ion for National and Community Service
Do. CATALOG OF FEDERAL DOMESTIC DD. TITLE: Retired and Senior Volunteer 2. AREAS AFFECTED BY PROJECT ILLE Sacramento, Yolo and Placer Counties	Program	11. DESCRIPTIVE	TITLE OF APPLICANTS PROJECT:
. PROPOSED PROJECT: START DATE:	07/01/04 END DATE: 06/30/07	14. PERFORMAN	CE PERIOD: START DATE: 07/01/04 END DATE: 06/30/07
ESTIMATED FUNDING:		16 IS APPLICATE	ON SUBJECT TO REVIEW BY STATE EXECUTIVE
a. FEDERAL		ORDER 12372 PR	
a. FEDERAL	2 101/606/00		
	\$ 101,606,00	YES, THIS P	REAPPLICATION/APPLICATION WAS MADE AVAILABLE
b. APPLICANY	\$ B2,431.00	YES, THIS P	STATE EXECUTIVE ORDER 12372 PROCESS FOR
b. APPLICANY c. STATE	7.4	YES, THIS PI TO THE REVIEV	STATE EXECUTIVE ORDER 12372 PROCESS FOR
b. APPLICANY	\$ 82,431.00 \$ 6.00 \$ 82,431.00	YES, THIS PI TO THE REVIEV	STATE EXECUTIVE ORDER 12372 PROCESS FOR VON:
b. APPLICANY c. STATE d. LOCAL e. OTHER	\$ B2,431.00 \$ 0.00	YES, THIS PI TO THE REVIEV	STATE EXECUTIVE ORDER 12372 PROCESS FOR VON:
b. APPLICANY c. STATE d. LOCAL e. OTHER	\$ 82,431.00 \$ 0.00 \$ 82,431.00	X YES, THIS PI TO THE REVIEW DATE:	STATE EXECUTIVE ORDER 12372 PROCESS FOR VON:
b. APPLICANY c. STATE d. LOCAL e. OTHER f. PROGRAM INCOME	\$ 82,431.00 \$ 0.00 \$ 82,431.00	X YES, THIS PI TO THE REVIEW DATE:	STATE EXECUTIVE ORDER 12372 PROCESS FOR VON: 28-MAY-00
b. APPLICANY c. STATE d. LOCAL e. OTHER f. PROGRAMINCOME g. TOTAL TO THE BEST OF MY KNOWLEDGE AN LY AUTHORIZED BY THE GOVERNING	\$ 82,431.00 \$ 0.00 \$ 82,431.00 \$ 0.00 \$ 0.00 \$ 184,037,00	X YES, THIS PI TO THE REVIEW DATE: 17. IS THE APPLICATION YES	STATE EXECUTIVE ORDER 12372 PROCESS FOR VON: 28-MAY-03 CANT DELINQUENT ON ANY FEDERAL DEBT? 3 If Yes," attach an explanation. X NO
b. APPLICANY c. STATE d. LOCAL e. OTHER f. PROGRAMINCOME g. TOTAL TO THE BEST OF MY KNOWLEDGE AN LLY AUTHORIZED BY THE GOVERNING AWARDED.	\$ 82,431.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 184,037,00 **O BELIEF, ALL DATA IN THIS APPLICATION OF THE APPLICANT AND THE A	X YES, THIS PI TO THE REVIEW DATE: 17. IS THE APPLICATION YES	STATE EXECUTIVE ORDER 12372 PROCESS FOR VON: 28-MAY-03 CANT DELINQUENT ON ANY FEDERAL DEST? If 'Yes,' attach an explanation. X NO ON ARE 'IRUE AND CORRECT, THE DOCUMENT HAS BEEN MPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
b. APPLICANY c. STATE d. LOCAL e. OTHER f. PROGRAMINCOME g. TOTAL TO THE BEST OF MY KNOWLEDGE AN	\$ 82,431.00 \$ 0.00 \$ 82,431.00 \$ 0.00 \$ 0.00 \$ 184,037,00 **O BELIEF, ALL DATA IN THIS APPLICATE AND THE APPLICANT AND THE A	X YES, THIS PI TO THE REVIEW DATE: 17. IS THE APPLICATION/PREAPPLICATION WILL CO	STATE EXECUTIVE ORDER 12372 PROCESS FOR VON: 28-MAY-03 CANT DELINQUENT ON ANY FEDERAL DEBT? If "Yes," altech an explanation. NO

APPLICATION FOR

OMB Approval No. 0348-0043

FEDERA	L ASSISTA	NCE	2. DATE SUBMITTED	·	Applicant Identifier	
			6/4/04			
1. TYPE OF S	UBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
olication		Preapplication				
Constru		Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Co		Non-Construction				
Legal Name:	TINFORMATION					
Tri-Count		Development Corp	poration	Organizational Unit:		
Address (give a	city, county, State asset Road	o, and zip code):		Name and telephone	number of person to be contain	cted on matters involving
Chico. B	lutte Count	y CA 05072		this application (give a	rea code)	
,		, Suite 5 y, CA 95973	BOWED	Marc Nemanic	(530) 893-8732	
		N NUMBER EINI:		7. TYPE OF APPLICA	NT: (enter appropriate letter i	n box) ·
6 8 -	0 0 6 5	8731		4.54		N
8. TYPE OF A	PPLICATION:		2 6 2004	A. State B. County	H. Independent School Dist.	-446-1
				C. Municipal	State Controlled Institution Private University	of Higher Learning
	∐ Ne≀	AND METER A SCHOOL STEEL AND A S	Revision	D. Township	K. Indian Tribe	
If Ravision, ent	er appropitate let	ter(s) in box(ès)ATE	EA RI NG HOUSE	E. Interstate	L. Individual	
		Section of the sectio		F. Intermunicipal	M. Profit Organization	
A. Increase A		crease Award C. Increase	9 Duration	G. Special District	N. Other (Specify) EDD	
D. Oecrease	Duration Other	(specify):				
				9. NAME OF FEDERA		
				Fooder Des	ent of Commerce	
44 44741 44	-				elopment Administr	
Food and	OF FEDERAL D	omestic assistance nu	IMBER:	11. DESCRIPTIVE TI	LE OF APPLICANT'S PROJ	ECT:
Planda	Developmen	t Support for	1 1 - 3 0 2	developmentatio	n of long-range ed	conomic
TILLE	Organizati	on		new employmen	rogram designed to t opportunities an	encourage
' BEAS AF	PECTED BY PRO	DJECT (Cities, Countles, Sta	tes etc.):	a arabte and	diversified local	economy and
L_te, G1	enn & Teha	ma Counties & the	3	improved local	l conditions so as	to alleudate
Incorpora	ted Cities	Therin.		the substantia	al unemployment/un	deremployment
13. PROPOSEI	D PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	in the Tri-Co Tehama.	inty region of But	te, Glenn &
Start Date	Ending Date	a. Applicant		b. Project		
7/1/04	6/30/05	2			2	
15. ESTIMATE	D FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY S	TATE EXECUTIVE
		T		ORDER 12372 PR	OCESS?	
a. Federal		\$ 67,00				
b. Applicant			<u> </u>		PPLICATION/APPLICATION 1	**
ь. ардисан		\$	Ψ,		TO THE STATE EXECUTIVE	ORDER 12372
c. State		\$.00		FOR REVIEW ON:	
d. Local		\$	00	DATE _5/	26/04	
u, cocai		22,334				
e. Other		\$	06		M IS NOT COVERED BY E. C	
		4.0	-	FOR REVI	RAM HAS NOT BEEN SELEC	SIED BY STATE
. Program Incor	me	\$	500	(0(1))(2)		•
			•	17. IS THE APPLICAN	T DELINQUENT ON ANY FE	DERAL DERT?
g. TOTAL	_	\$.50		ttach an explanation.	
A TO DIE ET	1	89,33			•	No.
IO. FU THE BES	ASSESSATIONS	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	MONPREAPPLICATI	ON ARE TRUE AND CORRE	CT, THE
ATTACHED AS	SURANCES IE	MUTMORIZED BY THE GOV THE ASSISTANCE IS AWAI	renning body of the	APPLICANT AND TH	E APPLICANT WILL COMPL	Y WITH THE
. Te Name	Authorized Rep		10EU. D. Tivo		o Tolonhama Muset	
CNA	Wet .	· ·	Executive Direc	ctor	c. Telephone Number (530) 893-8732	
1. 6Ignety	diformed Depres	sentative			e. Date_Signed /	
1114	1884417				5/26/04	
revious Edition	Usable					/B = A=0

APPLICATION FOR FEDERAL ASSISTANCE	- -				Version 7/0
		2. DATE SUBMITTED 5/25/2004		Applicant Ide	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	llon Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	fler
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			O		
Bay Area Air Quality Manageme	ant Dietrict		Organizational Unit: Department:		
Organizational DUNS: 078781416	III Diatrici		Toxics Evaluation Sec Division:	ction (TES)	
078781416 Address:			Engineering Division		
Street:	TO EG	E I V E IN	Involving this applic	number of peration (give are	erson to be contacted on matters
939 Ellis Street City:	10,50		Prefix: Mr.	First Name: Jack	
San Francisco	IInil Inn	126 2004 L	Middle Name		
County; San Francisco	MA'		Last Name Broadbont		. •
State: California	ZIp Code 94109	TO HOUSE	Suffix:		
Country; United States	CTATEC	LEARING HOUS	Email:		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN);		Phone Number (give as	rea code)	Fax Number (give area code)
94-1622746			415-749-5127	,	415-928-5052
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See bac	k of form for Application Types)
If Revision, enter appropriate lette		Revision		Туре А	
(See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDERA	AL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ACCIOTANCE	P NIII (P HP	EPA		
TITLE (Name of Program):		66-708	11. DESCRIPTIVE TO Bay Area Clean Garm		nology Demonstration Project
San Francisco Bay Area			*		
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIONA a. Applicant	L DISTRICTS	
10/01/2004	10/01/2006		3, 6, 11, 16, 15, 13, 9,		b. Project 3, 6, 11, 16, 15, 13, 9, 8, 12, 14
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROCE	SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		99,999	THIS PRE	APPLICATION	APPLICATION WAS MADE
b. Applicant \$		74,999	PROCESS	S FOR REVIEW	ATE EXECUTIVE ORDER 12372 VON
c. State \$, OU	DATE:		
d. Local \$, 00	b. No. I PROGRAI	M IS NOT COV	ERED BY E. O. 12372
e. Other \$		25,000	OR PROG		T BEEN SELECTED BY STATE
f. Program Income \$		00	17. IS THE APPLICAN	IEW IT DELINQUEI	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		199,998	Yes If "Yes" attach	an explanation	. 🛮 No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	NUTHORIZED BY THE (ALL DATA IN THIS APPL SOVERNING BODY OF T	ICATION/PREAPPLIC	ATION ARE T	DUE AND CODGECT THE
a. Authorized Representative	First Name		- دي د له ها	Name	
Prefix Mr. Last Name	Jack		Middle I	vame	
Broadbent b. Title		-	Suffix		
Executive Officer	1		415-74		(give eree code)
d. Signature of Authorized Repres	e mail ve	ton	e. Date 05/26/2	Signed 2004	5-26-2004
Previous Edition Usable Authorized for Local Reproduction	La constant de la con	U			Standard Form 424 (Rev.9-2003) Prescribed by OMP Circular A-102

PART I - FACE SHEET APPLICATION FOR FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION Non-Construction 2a. DATE SUBMITTED TO CORPORATION STATE APPLICATION IDENTIFIER 3. DATE RECEIVED BY STATE; FOR NATIONAL AND COMMUNITY SERVICE (CNGS): 03/03/04 25. APPLICATION ID: 4 DATE RECEIVED: GRANT NUMBER 048R043545 05/03/04 5. APPLICATION INFORMATION NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER LEGAL NAME: City of Oxnard Recognition Div PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Marisne S. Eastlake ADDRESS (give street eddress, city, state and zip code); TELEPHONE NUMBER: (805) 385-8023 350 North C St FAX NUMBER: (805) 385-7494 Osmiril Ca 93030 INTERNET E-MAIL ADDRESS: marisue.castlakc@ci.oxnard.ca.us 6. EMPLOYER IDENTIFICATION NUMBER (EIN) 7. TYPE OF APPLICANT: 72. Local Government - Municipal 956000736 7b. Local Government, Municipal 8. TYPE OF APPLICATION: X NEW ". CONTINUATION REVISION If Revision, unter appropriate letter(s) in box(ss): B. Decrease Award A. Increase Award C. Increase Duration D. Decrease Duration B. NAME OF FEDERAL AGENCY: Corporation for National and Community Service 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: 10a, CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 84.002 Oxnerd RSVP 10b. TITLE: Retired and Senior Volunteer Program 12. AREAS AFFECTED BY PROJECT (List Office, Countles, States, etc.): Oxnard, Pt. Hueneme, Camerillo, Vontura, all in west-contral Ventura County 13. PROPOSED PROJECT. START DATE: 07/01/04 END DATE: 06/30/07 14. PERFORMANCE PERIOD: START DATE: 07/01/04 END DATE: 06/30/07 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a FEDERAL \$ 52,913,00 YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR b. APPLICANT 76,688,00 REVIEW ON: c. STATE 0.00 DATE: 28-MAY-04 d. LOCAL 71,438.00 5,250.00 e. OTHER 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? F PROGRAM INCOME 0.00 YES If "Yes," attach an explanation, g. YOTAL \$ 129,601.00 18 TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN

DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE

Senior Services Supervisor

b ΠΠ F:

c. TELEPHONE NUMBER:

805-385-8019

d DATE: 05/03/04

IS AWARDED

localyn B. Peterson

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

APPLICATION FOR		2. DATE SUBMITTED		Appliantida	Version 7/0
FEDERAL ASSISTANCE	711"(1/1)		,	Applicant Ide	04-314
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY			ation Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Iden	lffler
Non-Construction	Non-Construction				- 1,0,101,102,103,0
5. APPLICANT INFORMATION Legal Name:	(1)		Organizational Un	lt:	
CITY OF ROSEVILLE		•	Department: ENVIRONMENTAL	UTUITIES	
Organizational DUNS:	Personal Control of the Control of t	O D D DD D	DIVISION:	U) ILII ILO	1) Parl II - 4 - 4 - 10 - 10 - 10 - 10 - 10 - 10 -
076119643 Address:		G E V E -		no number of n	ereon to be contacted on matters
Street:		19	Involving this app	ication (give ar	
2005 HILLTOP CIRCLE	· 11n1		Prefix:	First Name: DERRICK	
Cliy: ROSEVILLE		MAY 2 6 2004	Middle Name H.		
County: PLACER			Last Name WHITEHEAD		
State; CA	Zip Code STATE	CLEARING HOU	Last Name WHITEHEAD Sull'x:	FOR CENTER ON A 14 OF THE COMPANIES.	
Country; U.S.A.	Language and Control of Control o		Email; dwhitehead@rosev		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
94-6000409	•		(916) 774-5593		(916) 774-5690
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bad	k of form for Application Types)
New If Revision, enter appropriate lette	Continuatio	n 🛄 Revision	C - MUNICIPALITY		
(See back of form for description	of letters.)		Other (specify)		•
Other (specify)			9. NAME OF FEDE U.S. EPA, REGION		ART
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:
		6 6 6 6 6	CITY OF ROSEVIL	LE WATER TAN	K REPLACEMENT PROJECT
TITLE (Name of Program);	;				
12. AREAS AFFECTED BY PRO	DJECT (Cities, Countles	s, States, etc.):	-		
CITY OF ROSEVILLE, CITY OF	ROCKLIN				
13. PROPOSED PROJECT			14. CONGRESSION	IAL DISTRICTS	the state of the s
Start Date: JANUARY 30, 2004	Ending Date: JANUARY 31, 2006		a. Applicant 4TH DISTRICT	•	b. Project 4TH DISTRICT
15. ESTIMATED FUNDING:	10,110,111 01,200		16. IS APPLICATIO		REVIEW BY STATE EXECUTIVE
a. Federal \$			ORDER 12372 PRO		VAPPLICATION WAS MADE
h Applicant ©		337,500			ATE EXECUTIVE ORDER 12372
b. Applicant \$		277,212	PROCE	\$\$ FOR REVIE	W ON
c. State \$		00	DATE;	MAY 26, 2004	
d. Local \$, tid	b. No. 🔲 PROGR	AM IS NOT CO	/ERED BY E. O. 12372
e. Other \$			FOR RE	VIEW	T BEEN SELECTED BY STATE
f. Program Income \$		Diff.	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		614,712	Yes If "Yes" attac	•	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A	AUTHORIZED BY THE	GOVERNING BODY OF T	LICATION/PREAPPI THE APPLICANT AN	ICATION ARE THE APPLICA	TRUE AND CORRECT. THE NOT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF.T a. Authorized Representative	HE ASSISTANCE IS A	WARDED,		<u> </u>	
MA. MA.	First Name W.		GRA		
Lваt Nаme ROBINSON)	Sufflx		helika i hapita i l
b. Tille CITY MANAGERY		/ &>		ephone Number 774-5353	(give area code)
d. Signature of Authorized Redres	ordative	ornoca		te Signed	1.5 (2.5)
Previous Edition Usable Authorized for Local Reproduction	'				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

DTSC-OPPTD

FEDERAL ASSISTANC		2. DATE SUBMITTED		Applicant Ide	ıtifler	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Applica	tion Identifier	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGEN	CY Federal loenti	īler	
Non-Construction APPLICANT INFORMATION	Non-Construction					
egal Name:			Organizational L	Jnit:		
California Department of Toxic	Substances Control		Department			
Organizational DUNS: 9490108070			Division:		echnology Program	
Address:			Office of Pallution	Prevention and Te	chnology Development	
Street: 1001 "I" Street, P.O. Box 806			Involving this ar	polication (give are	rson to be contacted of a code)	on mat
		O BIN B	Prafit:	First Name:		
City: Sacramento	In B	G 5 1 V 15	Middle Name			
County: Sacramento	They	26 2004	Ludvig Name		·	
State: Califoria	Zip Code 95812-0806	MAY 20 AUTO	Sufflx:	•		
Country:	1 30012 0000 1111		Email:			
. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	TEARING H	Phone Number (g		Fax Number (give area	9.5 4.6 N
94-6001347	16 161	La Wheeland II st	916-324-2659	AC PIRA CDOE	916-327-4494	code)
TYPE OF APPLICATION:			17. TYPE OF APP	LICANT: (See back	of form for Application	Types
_ Nev	Continuation	Revision	A	are in the local pact	. or is in 101 Application	ypes)
Revision, enter appropriate leπ ee back of form for description	ter(s) in box(es)		Other (specify)		· · · · · · · · · · · · · · · · · · ·	
ther (specify)		□ :	9. NAME OF FED	ERAL AGENCY:		Mary Street
. CATALOG OF FEDERAL (DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPLIC	CANT'S PROJECT:	ing the state of t
TLE (Name of Program); SEPA Pollution Prevention Gra	not (Bendama) - BEID)	66-708	1		to Perchloroethylene for	r Dry
AREAS AFFECTED BY PRO	OJECT (Cities, Counties,	States, etc.):	- 1			
tatewide			÷)			
B. PROPOSED PROJECT an Date:	Ending Date:			DNAL DISTRICTS C		
0/01/04	03/31/06	. 21	a. Applicant Statewide		b. Project Statewide	
LESTIMATED FUNDING:			16. IS APPLICATI ORDER 12372 PR		REVIEW BY STATE EX	ECUTI
Federal \$		74,100	THIS F	PREAPPLICATION	APPLICATION WAS MA	ADE
Applicant \$		uu	- AVAIL	ABLE TO THE STA ESS FOR REVIEW	TE EXECUTIVE ORDE	:R 1237
State \$		51.620	DATE	May 27, 2004		,
Local \$		au		-	RED BY E. O. 12372	
Other 5		- Du				
Program Income (\$		22.480	FOR R	EVIEW	BEEN SELECTED BY	
TOTAL 5			17. IS THE APPLIC	CANT DELINQUEN	TON ANY FEDERAL	DEBT?
		148,200	Yes If "Yes" arta	ach an explanation.	No No	
. TO THE BEST OF MY KNOV CUMENT HAS BEEN DULY A TACHED ASSURANCES IF T			LICATION/PREAPP HE APPLICANT AN	LICATION ARE TR ND THE APPLICAN	UE AND CORRECT. T T WILL COMPLY WITH	THE H THE
Authorized Representative	First Name		Naide	do Nos-		
si Name	First Name Jeffrey			lle Name		-
			Suffi	×		
nng Title						
ong Title puty Director of the Science, P Ignature of Authorized Represi	ollution Prevention and J	echnology Program	c. Te	elephone Number (g -3 22- 2822	ive area code)	

						Version 7/0
PLICATION FOR	•	2. DATE SUBMITTE	D		Applicant Identi	fier
EDERAL ASSISTANCE		3. DATE RECEIVED	BY S	TATE	State Application	n Identifier
TYPE OF SUBMISSION:	Pre-application	4. DATE RECEIVED			Federal Identific	er_
Construction	Construction	4. DATE RECEIVED	D1 1	EDEIOCE / COMPANY		
Non-Construction	Non-Construction					
APPLICANT INFORMATION gal Name:				Organizational Uni		
allfornía Department of Toxic	Substances Control			Regulatory Program	Development Bra	nch
rganizational DUNS:	MEG	居川业屋	ln	Division: Regulatory and Pro	gram Developmen	t Division
49010870			111	Name and telepho involving this app	ne number of per	son to be contacted on matters
ddress:	113		۱۱۱	Prefix:	First Name:	
001 "I" Street, P.O. Box 806	MA)	2 6 2004	1_/	Mr. Middle Name	Andre	
ity: acramento	ked bud			Maurice		
County:		FARING HO	15	Agazi Agazi		
acramento	Zip Code	THAN SHIP		Suffix:		
itate: California	95812-0806	g market and a finding of the state of the s		Emall:		
Country: JSA				Phone Number (glv		Fax Number (give area code)
. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):			916-324-3114		916-327-4495
68-028138	1			7. TYPE OF APPL	CANT: (See bac	of form for Application Types)
TYPE OF APPLICATION	Coπtinuati	on Revision		A		
Revision, enter appropriate le	etter(s) in box(es)	011		Other (specify)		•
See back of form for description	on of fetters.)			9. NAME OF FED	EDAL AGENCY	
Other (specify)				LUCEDA		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAL	ICE NUMBER:				CANT'S PROJECT:
io, ortivado ti		6 6 - 7 0 6	3	Partnerships for M	lercury Policidon 1	i deci i deci i
TITLE (Name of Program):	A. DDIE)					
Pollution Prevention Grant (for 12. AREAS AFFECTED BY F	ROJECT (Cities, Count	es, States, etc.):				
Statewide					The DIGTOLOTE	OE:
13, PROPOSED PROJECT				14. CONGRESSIO	DNAL DISTRICTS	l b. Project
Start Date:	Ending Date: 11/01/2005			Carried and		Statewide REVIEW BY STATE EXECUTIVE
11/01/2004 15. ESTIMATED FUNDING:						
	s	DII				N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 1237:
a. Federal		75,000		PRO	CESS FOR REVIE	WON
b. Applicant	\$ 	75,000		DATE	: May 27, 2004	
c. State	5					VERED BY E. O. 12372
d. Local	\$	- Ju		ID NO. U.II		
e. Other	\$. DU				OT BEEN SELECTED BY STATE
	\$	au '		17. IS THE APPL	ICANT DELINQU	ENT ON ANY FEDERAL DEBT?
f. Program Income	۲	טט			ttach an explanati	on. 🖸 No
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g, TOTAL	\$	150,000	IIC A		PLICATION ARE	THE AND CORRECT THE
g, TOTAL 18, TO THE BEST OF MY K	NOWLEDGE AND BEL	150,000 EF, ALL DATA IN TH HE GOVERNING BOI	IS AI		PPLICATION ARE	THE AND CORRECT THE
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g. TOTAL 18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Authorized Representative Prefix Mr. Last Name Palmer b. Title Chief Regulatory Program I	NOWLEDGE AND BELLY AUTHORIZED BY TIF THE ASSISTANCE IFIRST Name Karl	150,000 IEF, ALL DATA IN TH HE GCIVERNING BOI S AWARDED.	IIS AI	PPLICATION/PREA F THE APPLICANT M S	iddle Name uffix Telephone Numb 16-445-2625	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
g, TOTAL 18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Authorized Representative Prefix Mr. Last Name Palmer	NOWLEDGE AND BELLY AUTHORIZED BY TIF THE ASSISTANCE IFIRST Name Karl	150,000 EF, ALL DATA IN TH HE GOVERNING BOD S AWARDED.	IIS AI	PPLICATION/PREA F THE APPLICANT M S	iddle Name uffix Telephone Numb	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE

15108854618

Version 7/03 **APPLICATION FOR** Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE State Application Identifier 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Pre-application Application Federal Identifier 4. DATE RECEIVED BY FEDERAL AGENCY Construction Construction Non-Construction Non-Construction

5. APPLICANT INFORMATION Organizational Unit: Department: Management and Finance Department California State University, Hayward Organizational DUNS: 62-720-8234 Name and telephone number of person to be contacted on matters Address: involving this application (give area code) First Name: Samuel Street: 25800 Carlos Bee Blvd. Prafix: Middle Name City: Hayward MAY 2 5 200 ast Name Doctors County: Alameda County STATE CLEARING HOPED Zip Code State: Country: doctors@greenstart.org Fax Number (give area code) Phone Number (give area code) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 510-885-4773 510-885-3554 94-6390556 7. TYPE OF APPLICANT: (See back of form for Application Types) B. TYPE OF APPLICATION: Revision Continuation ☐ New State University If Revision, enter appropriate letter(s) in box(es) Other (specify) (See back of form for description of letters.) 9. NAME OF FEDERAL AGENCY: US EPA Other (specify) 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Proposal to Continue Regional Green Business Program 6 6 - 7 0 8 Coordination TITLE (Name of Program): Pollution Prevention Grants 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): **EPA Region 9** 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT b. Project EPA Region 9 a. Applicant 13th Ending Date: 4/30/05 Stan Date: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 5/1/04 15. ESTIMATED FUNDING: ORDER 12372 PROCESS?

THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 a. Yes, 🔂 a. Federal 200,000 PROCESS FOR REVIEW ON b. Applicant DATE: 5/25/04 c. State PROGRAM IS NOT COVERED BY E. O. 12372 b. No. 🗔 d. Local OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other 200,000 FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income g. TOTAL Yes if "Yes" attach an explanation. 400,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED a. Authorized Representative Middle Name First Name Stanley Brefix Suffix Last Name Clark Telephone Number (give area code) 510-885-3711 e. Date Signed 5/25/04 Interim Provost and Vice President, Academic Affairs

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d. Signature of Authorized Representation

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

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APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED May 2	, 2004	Applicant Identifier
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction Mon-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: REGENTS OF THE			JOHN MUIR INS	WATERSHED CENTER - STITUTE OF THE ENVIRONMENT
Address (give city, county, State, ONE SHIELDS AVEN DAVLS, CA 95614	IVE 118 EVE	ED PROGRAM8 CRSON HALL	this application (give a (530) 752-6	number of person to be contacted on matters involving rea code) DR. PETER B. MOYLE (335 FAX (530) 756-2579 © UCDAVIS. EDU
5. EMPLOYER IDENTIFICATION	MAUMOED (FIAM)		7 TYPE OF APPLICA	ANT: (enter appropriate letter in box)
94 - 6036			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:		1 4 4	B. County	State Controlled Institution of Higher Learning
⊠ New	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe
If Revision, enter appropriate lett	ter(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)
B. Besteuse Burdheit Girler,	JP 4 0.1. j / 1.		9. NAME OF FEDERA	ALAGENCY: USEPA -
			ENVIRONME	NTAL PROTECTION AGENCY
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NI	UMBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:
III. CATALOG OF TESLINE		66-461	MOUNTAIN !	MEADOW WETLANDS:
TITLE: 4) ETT MAIN	PROGRAM DEVEL	OPMENT GRANT	- PROTECTING	CRITICAL ROLES IN THE
12. AREAS AFFECTED BY PRO	OJECT (Cities Counties Sta	ates etc.):	SIERRI	4 NEVADA
CA COUNTIES: EL DORA PLUMAS, SIEI	DO, LASSEN, NEVAL	DA, PLACER,	STEIGH	4 (4-4/1977)
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project C. D.	
Nov. 1, 2004 Nov. 1, 2007	C.D.#1		#2 4 #7	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	s	<u> </u>	ORDER 12372 P	ROCESS?
		180,000		APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	\$	•	1	FOR REVIEW ON:
c. State		80,000	DATE	MAY 27, 2004
d. Local	\$, ,	b. No. PROGR	IAM IS NOT COVERED BY E. O. 12372
e. Other	Y s 2 5 2004	.00	OR PRO	OGRAM HAS NOT BEEN SELECTED BY STATE VIEW
f. Program Income	LEARING HOUSE	.00	17, IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	_LS	240,000	Yes If "Yes,"	attach an explanation.
18, TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	WLEDGE AND BELIEF, ALL Y AUTHORIZED BY THE GO	LL DATA IN THIS APPLI OVERNING BODY OF T	ICATION/PREAPPLICA HE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Re		b. Title Kimberly La	amar and Grants Analyst	c. Telephone Number (530) 752-2075
d. Signature of Authorized Repr	esentative Kinn	lierly La		e. Date Signed 5/25/04
Previous Edition Usable Authorized for Local Reproducti			N. K. Junius Padi	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

Fax:9093691725

9:14

FEDERAL ASSISTANC	E	2. DATE SUBMITTED			Version 7
1. TYPE OF SUBMISSION:		1	6/4/2004	Applicant Id	entifler
Application	Pre-application	3. DATE RECEIVED B	w - w	State Applic	ation identifier
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Iden	ntifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit:		
RIVERSIDE UN	FIED SCHOOL DISTRIC	T	Department:		
Organizational DUNS: 066158			Division:	ION SERVICE	ES DEPARTMENT
Address:			Name and falsely		
Street: 3380 14TH STREET			Prefix:	number of pation (give ar First Name;	erson to be contacted on matter ea code)
City; RIVERSIDE	A	,	MR. Middle Name	f	Yandor
County: RIVERSIDE			Last Name		
State: CA	Zip Code 92501		Suffix:		
Country: RIVERSIDE			Email:		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		rktaylor@rusd Phone Number (give an	k12.ca.us	
95-28B3296	,		(909) 788-7485 Exter		Fax Number (give area code) (909) 369-1725
8. TYPE OF APPLICATION:	5		7. TYPE OF APPLICA	NT: (See bac	ck of form for Application Types)
F Nev f Revision, enter appropriate lett See back of form for description	er(s) in box(es)	Revision	H. INDEPENDENT &		
·	Of letters.)		Other (specify)		
Other (specify)				F HEALTH A	ND HUMAN SERVICES (HHS)
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TIT		
·		93-571	COMMUNITY FOOD	AND NUTRITION	ON PROGRAM
TITLE (Name of Program):	:		FARMERS MARKE	T SALAD	BAR PROGRAM
12. AREAS AFFECTED BY PR	OJECT (Cities, Countles,	States, etc.):			
CALIFORNIA, RIVERSIDE COL	INTY, AND RIVERSIDE C	YTK			
13. PROPOSED PROJECT			14. CONGRESSIONAL	DISTRICTS	OF:
Start Date: 10/01/2004	Ending Date; 09/30/2004		a. Applicant 44TH CONGRESSION	AL DISTR	b. Project
15. ESTIMATED FUNDING:	03/30/2004				44TH CONGRESSIONAL DIST. REVIEW BY STATE EXECUTIVE
F-11		118	ORDER 12372 PROCE	\$\$7	
a. Federal \$ b. Applicant \$		50,000	AVAILABL		NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
•		CO.			
5. State \$		and the second	DATE: 06/	04/2004 A C	COPY OR FORM 424
d. Local \$	*		b. No. I PROGRAM	I IS NOT COV	ERED BY E. O. 12372
e. Other \$.00	OR PROGI		T BEEN SELECTED BY STATE
. Program Income \$.00			NT ON ANY FEDERAL DEBT?
; TOTAL \$		50,000	☐ Yes If "Yes" attach :	an explanation	ı. 🛮 🗗 No
18. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF T	AUTHORIZED BY THE G	OVERNING BODY OF T	LICATION/PREAPPLIC THE APPLICANT AND T	ATION ARE T HE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix DR.	First Name		Middle N	lame	
DR. _ast Name	SUSAN			J.	
RAINEY			Suffix		
SUPERINTENDENT			`		(give area code) (909) 788-7130
. Signature of Authorized Replie	pentative	~	e. Date s	Signed 5	5/20104
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ERAL ASSISTANCE	E	100101	TATE	State Application	n Identifier
3. DAT		3. DATE RECEIVED BY S			
Ilcation	Pre-application	4. DATE RECEIVED BY FEDERAL AGEN		Federal Identific	∍r
Construction	Construction	7. 6711			
un Construction	Non-Construction				
PPLICANT INFORMATION	N		Organizational Unit		
al Name:			Department: Child Care and Dave	lopment Services	
Idran's Home Society of Ca	allfornia		Division:		
ganizational DUNS:			Name and telephor	e number of pe	rson to be contacted on matters
2576498 dress:	TE P	B-H-W-B-Intt	Name and telephor involving this appl	First Name:	a code)
A.	300 13 13 15 15		Prefix: Mrs.	Beverly	
reet: 5 N. Cabrillo Park Dr., Suite	° 37(U)		Middle Name		
tv:	VALL HOTT	2 4 2004 ILJ	Joan		
ty: anta Ana	FAST 1.7		Last Name Tidwell		
ounty: range	1,13 ,000	. 02. 2252	Suffix:		
ate:	Zip Code 92701	EADING HOUSE	N/A Email:		
A ountry!	TIGTATE OF	THRUINGING	BeverlyT@chs-ca.	org	Fax Number (give area code)
	TION NUMBER (FIN).	And the second s	Phone Number (glv	e Bles code)	714-568-5238
SA EMPLOYER IDENTIFICA			714-834-4959		
95-169097	[6]		7. TYPE OF APPL	ICANT: (See ba	ck of form for Application Types)
TYPE OF APPLICATION	•	ation Revision			
107!	Now Continua	ation III. Realsion	0		
Revision, enter appropriate See back of form for descrip	vion of letters.)		Other (specify)		
See pack of forth in describ	,		NAME OF FED	ERAL AGENCY	
			A' WAINE OF LES	The second of th	SANICES
Other (specify)			9. NAME OF FED Department of He	alth and Human	Services
Other (specify)	TO DATETIC ASSIST	ANCE NUMBER:	11. DESCRIPTIVE	TITLE OF APP	LICANT'S PROJECT:
Other (specify)	AL DOMESTIC ASSIST	ANCE NÚMBEŘ:	Department of He 11. DESCRIPTIVI CHS Nutrition Se	TITLE OF APP	Services LICANT'S PROJECT:
Other (specify)	AL DÓMESTIC ÁSSIST	ANCE NUMBER: 93-571	11. DESCRIPTIVE	TITLE OF APP	Services LICANT'S PROJECT:
10. CATALOG OF FEDER	Decorate	93-5/11	11. DESCRIPTIVE	TITLE OF APP	Services LICANT'S PROJECT:
10. CATALOG OF FEDER	Decorate	93-5/11	11. DESCRIPTIVE	TITLE OF APP	Services LICANT'S PROJECT:
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TITLE (Name of Program): Community Food and Nutri 12. AREAS AFFECTED BY	ition Program Y PROJECT (Citles, Cou	93-5/11	Department of He 11. DESCRIPTIVI CHS Nutrition Se	E TITLE OF APP rvices Project	LICANT'S PROJECT: TS OF:
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IO. CATALOG OF FEDER ITLE (Name of Program): Community Food and Nutri 12. AREAS AFFECTED BY Orange County 13. PROPOSED PROJEC* Start Date: 10/1/04 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF M DOCUMENT HAS BEEN ATTACHED ASSURANCE	T Ending Date: 9/30/05 G: \$ \$ \$ \$ \$ Y KNOWLEDGE AND E DULY AUTHORIZED B SES IF THE ASSISTANCE	50,000 50,000 50,000 50,000 THE GOVERNING BODY	Department of He 11. DESCRIPTIVI CHS Nutrition Se 14. CONGRESS a. Applicant 48 16. IS APPLICA ORDER 12372 P a. Yes. AVA PRO DAT b. No. PRO 17. IS THE APPLICAN' APPLICATION/PRE OF THE APPLICAN'	ONAL DISTRICT TION SUBJECT ROCESS? SPEAPPLICAT ILABLE TO THE DOCESS FOR REV E: 5/26/04 OGRAM IS NOT O PROGRAM HAS REVIEW PLICANT DELING attach an explan APPLICATION AT AND THE APP	LICANT'S PROJECT: D. Project 40, 42, 44, 46, 47, 48 TO REVIEW BY STATE EXECUTIVE ORDER 123: 123: 124: 125: 125: 125: 125: 125: 125: 125: 125
TITLE (Name of Program): Community Food and Nutri 12. AREAS AFFECTED BY Orange County 13. PROPOSED PROJEC Start Date: 10/1/04 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF M DOCUMENT HAS BEEN ATTACHED ASSURANC a. Authorized Representa	T Ending Date: 9/30/05 G: \$ \$ \$ \$ \$ Y KNOWLEDGE AND E DULY AUTHORIZED B SES IF THE ASSISTANCE	50,000 50,000 50,000 50,000 THE GOVERNING BODY	Department of He 11. DESCRIPTIVI CHS Nutrition Se 14. CONGRESS a. Applicant 48 16. IS APPLICA ORDER 12372 P a. Yes. AVA PRO DAT b. No. PRO 17. IS THE API Yes If Yes' APPLICATION/PRE OF THE APPLICAN	ONAL DISTRICT TION SUBJECT ROCESS? SPEAPPLICAT ILABLE TO THE DISTRICT PROGRAM IS NOT OF THE OF T	LICANT'S PROJECT: D. Project 40, 42, 44, 46, 47, 48 TO REVIEW BY STATE EXECUTIVE ORDER 123: 123: 123: 123: 123: 123: 123: 123:
TITLE (Name of Program): Community Food and Nutri 12. AREAS AFFECTED BY Orange County 13. PROPOSED PROJECT Start Date: 10/1/04 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF M DOCUMENT HAS BEEN ATTACHED ASSURANC a. Authorized Representa	T Ending Date: 9/30/05 G: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	50,000 50,000 50,000 50,000 THE GOVERNING BODY	Department of He 11. DESCRIPTIVI CHS Nutrition Se 14. CONGRESS a. Applicant 48 16. IS APPLICA ORDER 12372 P a. Yes. AVA PRO DAT b. No. PRO 17. IS THE API Yes If Yes' APPLICATION/PRE OF THE APPLICAN	ONAL DISTRICT TION SUBJECT ROCESS? S PREAPPLICAT ILABLE TO THE DOCESS FOR REV E: 5/26/04 OGRAM IS NOT OF THE	LICANT'S PROJECT: b. Project 40, 42, 44, 46, 47, 48 TO REVIEW BY STATE EXECUTIVE ORDER 1237 ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237 ION BEEN SELECTED BY STATE OUENT ON ANY FEDERAL DEBT INO RETRUE AND CORRECT. THE LICANT WILL COMPLY WITH THE
TITLE (Name of Program): Community Food and Nutri 12. AREAS AFFECTED BY Orange County 13. PROPOSED PROJEC' Start Date: 10/1/04 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF M DOCUMENT HAS BEEN ATTACHED ASSURANC a. Authorized Regresents Prefix Mrs. Last Name Tidwell	T Ending Date: 9/30/05 G: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	50,000 50,000 50,000 50,000 TO SELIEF, ALL DATA IN THIS Y THE GOVERNING BODY SE IS AWARDED.	Department of He 11. DESCRIPTIVI CHS Nutrition Se 14. CONGRESS a. Applicant 48 16. IS APPLICA ORDER 12372 P a. Yes. AVA PRO DAT b. No. PRO 17. IS THE API Yes If Yes' APPLICATION/PRE OF THE APPLICAN	ONAL DISTRICT TION SUBJECT ROCESS? SPEAPPLICAT ILABLE TO THE DOCESS FOR REV E: 5/26/04 DOGRAM IS NOT O PROGRAM HAS REVIEW PLICANT DELING attach an explan APPLICATION A T AND THE APP Middle Name Joan Suffix N/A C. Telephone Nu	LICANT'S PROJECT: D. Project 40, 42, 44, 46, 47, 48 TO REVIEW BY STATE EXECUTIVE ON STATE EXECUTIVE ORDER 1237 ICOVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE OUENT ON ANY FEDERAL DEBT
TITLE (Name of Program): Community Food and Nutri 12. AREAS AFFECTED BY Orange County 13. PROPOSED PROJEC Start Date: 10/1/04 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF M DOCUMENT HAS BEEN ATTACHED ASSURANC a. Authorized Representa	T Ending Date: 9/30/05 G: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	50,000 50,000 50,000 50,000 TO SELIEF, ALL DATA IN THIS Y THE GOVERNING BODY SE IS AWARDED.	Department of He 11. DESCRIPTIVI CHS Nutrition Se 14. CONGRESS a. Applicant 48 16. IS APPLICA ORDER 12372 P a. Yes. AVA PRO DAT b. No. PRO 17. IS THE API Yes If Yes' APPLICATION/PRE OF THE APPLICAN	ONAL DISTRICT TION SUBJECT ROCESS? S PREAPPLICAT ILABLE TO THE DOCESS FOR REV E: 5/26/04 OGRAM IS NOT OF THE	IS OF: b. Project 40, 42, 44, 46, 47, 48 TO REVIEW BY STATE EXECUTIVE ORDER 1237 ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237 IOVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE OUENT ON ANY FEDERAL DEBTORS ION ION ION ION ION ION ION ION ION ION

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED April 27	', 2004	Applicant Iden	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Applicati	on Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGEI	NCY Federal Identif	ier
Construction	Construction	7, 5, 1, 2			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Department:	Unit:	
	niversity, Fresno Founda	ation	Institu	ution of Higher Educat	ion
Organizational DUNS: 15-083-7003			Division:	-hana number of no	rson to be contacted on matters
Address:			Involving this	pnone number of pe application (give are	a code)
Street: 4910 N. Chestnut	Avenue		Prefix:	First Name:	Allen
City: Fresno			Middle Name		
County: Fresno				Carden	
State: CA	Zip Code 93726-18	352	Suffix:		
Country: United States			Email:		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
94-6003272			1) 292-6092	
8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF AF	PPLICANT: (See bac	k of form for Application Types)
☑ New	, 🔲 Continuatio	n 🔲 Revision	I. St	ate Controlled Instituti	on of Higher Learning
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es)		Other (specify)		
(See back of form for description		Ц	O NAME OF E	EDERAL AGENCY:	
Other (specify)			NTI	A U.S. Department of	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	1	IVE TITLE OF APPLI	
		1 1-5 5 2	Ted	chnology Opportunities	s Program (TOP)
TITLE (Name of Program): Technology Opportunities Progra	am				
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	s, States, etc.):			
Central California			44 CONCRES	SIONAL DISTRICTS	OF:
13. PROPOSED PROJECT	Ending Date:		a. Applicant	SIONAL DIOTRIOTO	b. Project
Start Date: 9/1/04	8/30/07	•	119	· TION OUR IFOT TO	19 and 20 REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:		00	ORDER 12372	PROCESS?	N/APPLICATION WAS MADE
a. Federal \$		570,391	_a. Yes. Mezi AV	AILABLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant \$		670,330		TE:	
c. State	GENEL				(EDED DV E O 40070
d. Local	A 200A	.00	D. NO. LLJ		/ERED BY E. O. 12372
e. Other	MAY 2 & COLT	00	<u> </u> FC	R REVIEW	T BEEN SELECTED BY STATE INT ON ANY FEDERAL DEBT?
f. Program Income \$	ECLEARING HOU		_		
			☐ Yes If "Yes	" attach an explanation	n. No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AIIIHURIZED BT INC	GOVERNING BODI OF	PLICATION/PRE THE APPLICAN	T AND THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative	First Name Pete			Middle Name	
Prefix Last Name	Pete			Suffix	
Prestegard			s .	c. Telephone Number (559) 278-0	
Chief Financial Officer d. Signature of Authorized Repre	Septative >			e. Date Signed	127/04
d. Signature of Authorized Repre				1	Standard Form 424 (Boy 9, 2003

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR	•			QI	MB Approval No. 0348-00
FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED		Applicant Identiller	
TOUR OF SURIAL STATE		20May200			
1, TYPE OF SUBMISSION: Application Construction	Preapplication Construction	3. DATE RECEIVED BY		State Application identifie	ır
Non-Construction APPLICANT INFORMATION	Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	28
igal Name:			Organizational Unit:		
St. Joseph Hos	spital of Orange	ů,	Organizational Config.		
ddress <i>(give clty, county, Stat</i> 1100 West Stev Orange, CA 928	wart DriMe) <u>E (</u> 368-3849		Name and telephone This application (give a Viki L. Bart		
EMPLOYER IDENTIFICATION OF THE PROPERTY OF THE	3 3 5 9 M	AY 2 4 2004	1 1	ANT: (onter appropriate lam	N
_		LEARING HOUS	A State CB County C Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Di I. State Controlled Instituti J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-	at, on of Higher Leaming
	1-63)	Į	9. NAME OF FEDERA	L AGENCY:	7
				of Energy	
CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	IMBER;	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PR	DJECT:
TITLE:		81-049	Technology	upgrade for St Orange, CA	
AREAS AFFECTED BY PR	OJECT (Cities, Countles, Stat	tes, etc.):	,	- (- (<u></u>	
City of Orange,	Orange County,	California	*		
PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF: 40	7		
n Date Ending Date	a, Applicant	40, 4			
9/04 7/07	St. Joseph Hosp	ital of Owanga	b. Project		
ESTIMATED FUNDING:	120, 003EPH 1103H	ical of orange	16. IS APPLICATION	y Upgrade subject to review by	STATE EXECUTIVE
ederal	1\$	00	ORDER 12372 PR	ocess?	
	725,000	•	a. YES. THIS PREA	PPLICATION/APPLICATIO	N WAS MADE
pplicant	\$ 131,281,138	₽0	AVAILABLE	TO THE STATE EXECUT	VE ORDER 12372
late	\$, po		FOR REVIEW ON:	
ocal	5	, so			
ther	\$		☐ OR PROG	M IS NOT COVERED BY E RAM HAS NOT BEEN SEL	. O. 12372 ECTED BY STATE
ogram Income	5	, Ad	FOR REVI	EW	
OTAL	6	i.	17, IS THE APPLICAN	T DELINQUENT ON ANY	FEDERAL DEBT?
	132,006,138	-	Yos If "Yas," a	ttach an explanation.	X No
	WLEDGE AND BELIEF, ALL AUTHORIZED BY THE GOV THE ASSISTANCE IS AWAR	SENNING BULLA UP THE	TION/OUT LODY IO 4 TO		
Abe Maul of Minter Th	Placificative	b. Title ZVP/		c. Telephone Number	8960
Signature of Authorized Repre-	sentative"			e. Date Signed	0/10
vious Edition Usable	MUKIN			5/21/04	

						Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED			Applicant Ident	fier #04–281
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE		State Application	on Identifier
Application	Pre-application	A PATE DECEMED BY	CEDEDAL A	CENCY	Federal Identifi	er .
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGE		(OE(10)	EUC L	
Non-Construction	Non-Construction			The second secon		-
5. APPLICANT INFORMATION Legal Name:			Organizati			
City of Santa A	ma		Departmen	t: Publ:	ic Works A	Igency
		EGEIVI	Division:	Water	r Resource	ig
083	3153247	В О П п	Name and	telephone	number of per	son to be contacted on matters
Address: Street:	In	0.1.0001	Involving	this applic	ation (give area	a code)
220 S. Daisy Av	renue M 85	MAY 2 4 2004	Prefix.		First idanie.	Steve
City: Santa Ana			Middle Nar	Ray		
County	CTA	TE CLEARING H	Last Name	Wor	rall	
Orange County State:			Suffix:			
California	92	703	Email: 0		^ .	
Country: United States			Phone Nut			Fax Number (give area code)
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):					,-
93-600078	5			647-3		(714) 647–3345 of form for Application Types)
8. TYPE OF APPLICATION:	De.		7. 1172			(or tolling of Application .) pro-/
\mathbf{X} Ne If Revision, enter appropriate le	w Continuati Iter(s) in box(es)	on Revision			unicipal	
(See back of form for description	n of letters.)		Other (spe	cify)		
Other (specify)			9. NAME	OF FEDER	AL AGENCY:	
10. CATALOG OF FEDERAL		TOTAL MARCES	U.S.	<u>Enviro</u>	nmental Pi	rotection Agency CANT'S PROJECT:
FY04 EPA Appropr TITLE (Name of Program): 12. AREAS AFFECTED BY P		6 6-6 0 6	ļ		p Station Upgrade	
		es, orares, erosy.				
City of Santa 13. PROPOSED PROJECT	Alia		14. CONG	RESSION	IAL DISTRICTS	
Start Date:	Ending Date:		a. Applica	nt & 47		b. Project
15. ESTIMATED FUNDING:			16. IS AP	PLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
		00		2372 PRO	CESS?	N/APPLICATION WAS MADE
a. Federal	\$ 482,100	•	a. Yes. 🔼			
b. Applicant	\$ 394,446				SS FOR REVIE	
c. State	\$ 0	00		DATE:	5-24-0	4
d. Local	\$ 0	.00	b. No. 11	PROGR	AM IS NOT CO	VERED BY E. O. 12372
e. Other	6	.00	7 6			OT BEEN SELECTED BY STATE
f. Program Income	⁹ 0 \$	UO	17. IS TH	FOR RE	ANT DELINQUE	ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 076.546		☐ Yes II	"Yes" atta	ch an explanatio	n. 👿 No
	876,546	EF. ALL DATA IN THIS AP	DLICATION	/DDE ADD	LICATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	Y AUTHORIZED BY IF	HE GOVERNING BOOL OF	THE APPL	ICANT AN	D THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative				Mide	le Name	
Prefix	First Name Tho	m				
Last Name				Suffi		
b. Tille Coughi	1	4		c. Te	elephone Numbe (714) 647	r (give area code)
d. Signatura of Authorized Rep	Resources Man	ager		e. D	ate Signed 5	74-04
1 Min Jana L	40					Standard Form 424 (Rev.9-200
Previous Edition Usable Authorized for Local Remodule	ction					Prescribed by OMB Circular A-10

APPLICATION FOR					<u> </u>	Version 7/03
FEDERAL ASSISTANCE		2. DATE SU 05/15/04	BMITTE)	Applicant Iden B-04-MC-06-0	itifier 1534
1. TYPE OF SUBMISSION:		3. DATE RE	CEIVED	BY STATE	State Applicat	
oplication	Pre-application	07/01/04				
∠ Construction	☐ Construction		CEIVED	BY FEDERAL AGE	Federal Identi	
Non-Construction	Non-Construction	05/15/04			B-04-MC-	-00-0334
5. APPLICANT INFORMATION Legal Name:				Organizationa	al Unit:	
				Department:		
City of Oxnard		W P	T-\-	Finance Depar	rtment	
Organizational DUNS: 081790214	DEGE!	W B	Inll	Grants Manag	ement Division	
Address:	The state of the s					rson to be contacted on matters
Street: 300 West Third Street, Suite 30	100	0004	U	Prefix:	application (give are First Name:	a code)
·	U∐ MAY 2	2004		Ms.	Norma	
City: Oxnard				Middle Name J.		
County: Ventura	STATE CLEAR	ING HO	USE	Last Name Owens		
State: California	Zip Code 93030	Miles on March Colon Services (March Street, Miles of Services)		Suffix:		
Country: USA				Email:	@ci.oxnard.ca.us	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):				r (give area code)	Fax Number (give area code)
	_			(805) 385-747	7	(805) 385-7466
9 5 - 6 0 0 0 7 5 6 8. TYPE OF APPLICATION:				, ,		k of form for Application Types)
Nev	v 📝 Continuation	n Rev	vision	C. Municipal	,, , <u> </u>	, ,
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)			Other (specify)		
(See back of form for description	Of letters.)			Culci (apcony)		
Other (specify)	*			9. NAME OF F U.S. Departme	FEDERAL AGENCY: ent of Housing and Urb	oan Development
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:		11. DESCRIP	TIVE TITLE OF APPLI	CANT'S PROJECT:
		1 4	2 1 8	Community D	evelopment Block Grai	nt (CDBG) Program
ITLE (Name of Program): Community Development Block		ا لــالــا				
Community Development Block 12. AREAS AFFECTED BY PR		States etc	1.			
	OJLOT (Cities, Counties	, Otales, etc.,				
City of Oxnard 13. PROPOSED PROJECT				14 CONGRES	SSIONAL DISTRICTS	OF:
Start Date:	Ending Date:			a. Applicant	DOIONAL DIOTNIOTO	b. Project
07/01/04	06/30/05			23		23
15. ESTIMATED FUNDING:				0RDER 12372		REVIEW BY STATE EXECUTIVE
a. Federal \$		3,431,889	. 00	V TV TH	HIS PREAPPLICATION	N/APPLICATION WAS MADE
b. Applicant \$				A'	VAILABLE TO THE ST ROCESS FOR REVIEN	ATE EXECUTIVE ORDER 12372 W ON
c. State \$		0	00		ATE: 07/01/04	
d. Local \$		0	00			/ERED BY E. O. 12372
d. Loodi		0		D. NO. 31 1		OT BEEN SELECTED BY STATE
3. 34131		0	00	U F(OR REVIEW	
f. Program Income \$		400,000		17. IS THE AF	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		3,831,889) · · · · ·	Tyes If "Yes	s" attach an explanation	n. 💆 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	, ALL DATA	IN THIS	APPLICATION/PRE	EAPPLICATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE THE ASSISTANCE IS A	GOVERNINO WARDED.	BODY	OF THE APPLICAN	II AND THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative					B C J - H - A I -	
Prefix Mr.	First Name Edmund	Tr			Middle Name F.	
Last Name Sotelo	22 - 11/1			and the second s	Suffix	
b. Title City Manager	MATE AT IN	and the state of t			c. Telephone Number (805) 385-7428	(give area code)
Signature of Authorized Repre	sentative	<u> </u>			e. Date Signed	
400					05/14/04	

d. Signature of Authorized Representative

Previous Editions No. Likely

a. Typed Name of Authorized Representative. Barry R. Wallerstein, D. Env.

s. Date Signed

b. Title: Executive Officer

5-21-04

Telephone No.

(909) 396-2100

Slandard Form 424A (REV 4-98) Preseribed by OMB Circular A-102

THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5830	
Recipient Name:	ACCESS SERVICES, INC.	
Project ID:	CA-16-0045	MAY 2 1 2004 L
Budget Number:	1 - Budget Pending Approval	
Project Information:	FY 2005 CAP PRJCTS; PURCHASED TRANSP	CTATE CLEARING HOUSE
		VIAID

Part 1: Recipient Information

Project Number:	CA-16-0045
Recipient ID:	5830
Recipient Name:	ACCESS SERVICES, INC.
Address:	633 WEST 5TH STREET 9TH FLOOR, LOS ANGELES, CA 90017 0000
Telephone:	(213) 270-6000
Facsimile:	(213) 270-6057

Union Information

Recipient ID:	5830
Union Name:	Gardena Municipal Employees Association
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	Ellen Emerson
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	LOS ANGELES DEPUTY SHERRIFFS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	DOUGLAS MCLELLAN
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	TRANSPORTATION COMMUNION INTERNATIONAL UNIOUNITED TRANSPORTATION UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ROBERT SCARDELLETTI
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	TRANSPORTATION-COMMUNICATION INTERNATIONAL UNION (TCU)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ROBERT SCARDELLETTI
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SERVICE EMPLOYEES' INTERNATIONAL UNIONUNITED TRANSPORTATION UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ANDREW STERN
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SERVICE EMPLOYEES' INTERNATIONAL UNION (SEIU)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ANDREW STERN
Telephone:	
Facsimile:	

5830
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS (IAM)
, 00000 0000
THOMAS BUFFENBARGER

Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL ASSOCIATION OF MACHINISTS ANS AEROSPACE WORKERS (IAM)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	THOMAS BUFFENBARGER
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	RAY MATHHEWS
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	JOHN J. BARRY
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	BROTHERHOOD OF LOCOMOTIVE ENGINEERS (BLE)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	EDWARD DUBROSKI
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	BROTHERHOOD OF AIRLINE, RAILWAY AND STEAMSHIP CLERKS (BARSC)
Address 1:	
Address 2:	

City:	, 00000 0000
Contact Name:	NA NA
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	AMERICAN TRAIN DISPATCHERS ASSOCIATION (ATDA)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	LES PARMELEE
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SOUTHERN CALIFORNIA CONFERENCE OF CARPENTERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	GORDON HUBEL
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SANTA MONICA ADMINISTRATIVE TEAM ASSOCIATION (SMATA)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	KAREN PICKETT
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SANTA MONICA MANAGEMENT TEAM ASSOCIATION (SMMTA)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	BOB HARVEY
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SANTA MONICA MUNICIPAL EMPLOYEES' ASSOCIATION (SMMEA)

Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	LEE NORRIS
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	BERNIE MCNELIS
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	LEO E. WETZEL
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	GERALD McENTEE
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	TED HUNT
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	JAMES, P. HOFFA
Telephone:	
Facsimile:	

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-16-0045
Project Description:	FY 2005 CAP PRJCTS; PURCHASED TRANSP
Recipient Type:	Other Nonprofit Organization
FTA Project Mgr:	Ray Tellis 213.202.3956
Recipient Contact:	Arun Prem 213.270.6000
New/Amendment:	None Specified
Amend Reason:	Initial Application
Fed Dom Asst. #:	20513
Sec. of Statute:	5310
State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2004 - Oct. 31, 2005
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002
Program Page:	4
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Gross Project Cost:	\$54,152,264
Adjustment Amt:	\$0
Total Eligible Cost:	\$54,152,264
Total FTA Amt:	\$47,941,000
Total State Amt:	\$0
Total Local Amt:	\$6,211,264
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt	No
Authority?:	INO

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA

21

Previous editions are obsolete and should not be used, (1/04)

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Lun <u>C</u>5 Lun

> Office of Community Oriented Policing Services U.S. Department of Justice

cops in Schools 2004 Budget Information

2 2 STATE CLEARING HOUSE ORI Code (Assigned by FBI): C_A OLL

you are requesting funds for full-time officer positions, Parts II and III if you are requesting part-time officer positions, and all three parts if you are requesting full and parttime officer positions. Your agency is required to list the entry-level salary and fringe benefits for an officer position within your agency. The maximum federal This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if funding permitted per full-time officer position through the CIS program is \$125,000. All budget figures should be rounded to the nearest whole dollar. Applicant Legal Name: Inglewood Unified School District

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice

Response Center at 800.421.6770.

OMB Approval Number: 1103-0027

part t. Complete if your agency is requesting full-time officers

Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

Enter the base annual salary that your department currently pays a new, entry-level officer.	Cost for Social Security may not exceed 6.2%. If exempt check here Cost for Medicare may not exceed 1.45%. If exempt check here Costs toward health insurance coverage; please indicate if this is for Family Coverage 2. Yes Costs loward life insurance coverage. Vacation costs, if not included in base salary. # of hours annually: Sick leave costs, if not included in base salary. # of hours annually: Contribution to retirement benefits. Costs of worker's compensation. (See Part III, Question Costs of unemployment insurance. (See Part III, Question Costs of equipment, training, uniforms, vehicles and overtime are not permitted. Sum of department's annual fringe benefits for Year 1. Sum of department's annual fringe benefits.
% of base salary	% % % % % % % % % % % % % % % % % % %
\$ 43,029 .00	\$ 00 \$ 00
1. Cost Per Full-Time Officer – Year 1 Current Annual Entry-Level Base Salary \$ 43,029	Annual Fringe Benefits: *Picase refer to Part III, Question 4. *Social Security *Medicare Health Insurance Vacation Sick Leave Retirement *Worker's Comp. *Unemployment Ins. Other Other Total Fringe Benefits

		OMB Approval No. 0348-0043				
APPLICATION FOR FEDERAL ASSISTANCE		2. Date Submitted	Applicant Identifier			
-			R9 Tracking #04-312(UST)			
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier			
	application					
	Construction	4. Date Rec'd by Federal	Federal Identifier			
X_ Nonconstruction	Noneonstruction [3]	<u> </u>				
5. Applicant Information:		Organizational Unit:				
Legal Name and Address:	11011	Division of Water Quality				
(give city, county, state, and zij		Traine and telephone of person to de				
	ources Control Board	involving this application (give area	code):			
1001 I Street, Sa	cramento County	Flizabeth Haven				
	fornia 95844 TE CLEARIN					
Employer Identification Nu	mber (EIN): 680281986	7. Type of Applicant: (enter appropriate of Applicant)				
	·	•	pendent School District			
6. DUNS Number: 80832	21913		Institute of Higher Learning			
8. Type of Application:		C. Municipal J. Private University				
X New Revision	Continuation	D. Township K. Indian Tribe				
If Revision, enter appropriate l		E. Interstate L Indiv				
	B. Decrease Award	1	it Organization r (specify)			
C. Increase Duration		G. Special District 11. Outc	(specify)			
Other (specify)		9. Name of Federal Agency:				
10. Catalog of Federal Domes	tic Assistance Number	U. S. Environmental P	rotection Agency			
66.804	the Assistance Ivallion	S. B. Barrionneria: 1	roteonon rigetto)			
	round Storage Tank Trust Fund	11. Descriptive Title of Applicant's Project:				
2000.05						
		Development and implementation of	regulatory programs for the			
12. Area Affected by Project:		prevention, detection, and correction	of leaking USTs containing			
(cities, counties, states, etc.)		petroleum and hazardous substances				
California						
13. Proposed Project:						
Start Date	End Date	14. Congressional District of:				
7/1/04	6/30/05	Applicant: Project:				
		3 Californ				
15. ESTIMATED FUNDING		16. Is the application subject to rev				
P 1 1	9221 600	Executive Order (EO) 12372 proces a. YES:X_ This application	o/preapplication was made			
a. Federal	\$231,600 \$0	a. 1 ES this applicant				
b. Applicant	\$77,200	review on:	20 12372 process for			
c. State d. Local	\$0	1	1ay 21, 2004			
e. Other	\$0		covered by EO # 12372			
f. Program Income	\$0		ot been selected by the			
1. Frogram meome	40	state for review				
g. TOTAL	\$308,800	17. Is the applicant delinquent on a	ny Federal debt?			
g. TOTAL		YES, attach explanationXNO				
		-				
18. TO THE BEST OF MY K	NOWLEDGE AND BELIEF, ALL	DATA IN THIS APPLICATION/PREA	APPLICATION ARE			
		' AUTHORIZED BY THE GOVERNIN				
APPLICANT, AND THE API	PLICANT WILL COMPLY WITH	THE ATTACHED ASSURANCES IF T	THE ASSISTANCE			
IS AWARDED.						
a. Typed Name of Authorized	Representative	b. Title:	c. Telephone Number			
Celeste Cantú		Executive Director	(916) 341-5615			
d. Signature of Authorized Re	epresentative		e. Date Signed:			
1						

APPLICATION FOR				OMB Approval No. 0348-004	
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY STATE		State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
☐ Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATION			To		
	5261, dated 9/16/63	ee for the Barbara B.	Organizational Unit: N/A		
Address (give city, county, State,			•	number of person to be contacted on matters involving	
1107 Kennedy Place, Sui			this application (give area code) Henry E. Thornhill III		
Davis, Yolo County, Califo	ornia 95616		(530) 758-8153		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):			ANT: (enter appropriate letter in box)	
0 6 1 4 0 7	8 9 9			N	
8. TYPE OF APPLICATION:	A		A. State B. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning	
		П.	C. Municipal	J. Private University	
X New	✓ ☐ Continuation	☐ Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
		. I I I I I I I I I I I I I I I I I I I	F. Intermunicipal	M. Profit Organization N. Other (Specify) Individual	
,	rease Award C. Increase specify):	e Duration	G. Special District	N. Other (Specify) Individual	
D. Decrease Duration Other(s	specity).		9. NAME OF FEDERA	AL AGENCY:	
			U.S. Department	of Housing & Urban Development	
			(see attached)		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
		1 4 - 1 3 5	Sycamore Lane		
TITLE: Mortgage Ins	Luranco		158 units of multifamily housing		
12. AREAS AFFECTED BY PRO		ates etc.):	Davis, California	cation map and form HUD-92013 for	
			further description		
City of Davis, County of Y					
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date	a. Applicant	formia	b. Project	4 0-1:5	
09/2004 08/2005 15. ESTIMATED FUNDING:	1 - Cali	Ioma	16 IS ADDI ICATION	1 - California SUBJECT TO REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING.			ORDER 12372 PR		
a. Federal	\$ 18,979,200	O	2 VES THIS PRE	APPLICATION/APPLICATION WAS MADE	
b. Applicant	SEN/ED	00		TO THE STATE EXECUTIVE ORDER 12372	
ar	CFINED		PROCESS	FOR REVIEW ON:	
c. State	\$ AY 1 9 2004		DATE	5/17/2004	
d. Local	\$.	.00	b No. Π PROGRA	AM IS NOT COVERED BY E. O. 12372	
e. Other	SLEARING HOUSE	.00		GRAM HAS NOT BEEN SELECTED BY STATE	
f. Program Income	\$.00	47.10.7115.4.001.10.41	NT DELINOUENT ON ANY EEDED AL DEDTO	
a TOTAL	\$	00	1	NT DELINQUENT ON ANY FEDERAL DEBT?	
g TOTAL \$ 18,979,200		Yes If "Yes,"	attach an explanation.		
1				TION ARE TRUE AND CORRECT, THE	
1			IE APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Rep		b. Title		c. Telephone Number	
Henry E. Thornhill III		as an individual and	as Trustee for the	(530) 758-8153	
d. Signature of Authorized Rapre	santative_	Barbara B. Thornhill	Trust P.R. 5261,	e. Date Signed 05/10/2004	
1 4 711. 57 11 1/ 1/ 1/	<i>II</i>	dated Sentember 16	1963	, , ,	

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FEDERAL ASSISTANC		2. DATE SUBMITTED		A E	Version 7/03
			06/04/04	Applicant Ideni	bher
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Application	on Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	ier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATIO	N		Organizational Unit:		
North Count	" later faith (ouncil Inc		atrition	
North Count Organizational DUNS: 621	3463468	auror inc.			
Address:	703 100		Namedalahaha	riside	Office
Street			involving this applica	number of per Lition (give eres	son to be contacted on matters
550-B W. W	Jashington	Ave.	Profix: MS	First Name:	Deborah
city: Escondid	.0		Middle Name Av		
county: San Diea	0		T (4 NI	reaser	1
State: California	Zip Code 9202	ECEIVED	Suffix		
Country: USA			Email dandre a	senoin	terfaith Services ora
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	MAY 1 9 2004	Phone Number (give an	ea code)	Fax Number (give area.code)
96-363771	E .		760 489 63	BO	760 740 0837
8. TYPE OF APPLICATION:	ISTA	TE CLEARING HOL	SEL APPLICA	NT: (See back	of form for Application Types)
X Ne f Revision, enter appropriate lei		I Kaalalou			
(See back of form for description	n of letters.)	Ω	Other (specify)	Urgan,	Zation
Other (specify)	لسسا	0	9 NAME OF FEDERA	L AGENCY:	III 4 // Co- :
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLIC	Hh & Human Services
		. 93-5111	Coastal Se	ravice C	onter
TITLE (Name of Program): C	mmunity Food	land Natrition			
12. AREAS AFFECTED BY PE		•	Nutrition	rrugr	am
San Diego Noi	th Country	Coastal		Ÿ	
13. PROPOSED PROJECT	7		14. CONGRESSIONAL	L DISTRICTS O	F:
Start Date: 08/01/04	Ending Date: 07	/31/ 0 5	a. Applicant 50		b. Project 49
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROCE		REVIEW BY STATE EXECUTIVE
a. Federal	49,007		Y THIS PRE	APPLICATION/	APPLICATION WAS MADE TE EXECUTIVE ORDER 12372
b. Applicant \$				FOR REVIEW	
c. State		· oo	DATE: (5/19/0	4
d. Local		- 00	b. No. I PROGRAM	N IS NOT COVE	ERED BY E. O. 12372
e. Other		·w	OR PROG		BEEN SELECTED BY STATE
f. Program Income \$		·			IT ON ANY FEDERAL DEBT?
g. TOTAL S	49,007	. 00	U Yes If "Yes" attach	an explanation.	15☑ No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF.	ALL DATA IN THIS APP	LICATION/PREAPPLIC	ATION ARE TE	RUE AND CORRECT. THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	WARDED.	DE APPLICANT AND	I TE APPLICAM	WILL COMPLIATION THE
a. Authorized Representative Prefix			Middle	Name no l	100/
Last Name J	First Name RC	2111	Suffix	, ,,,,	LONE
MIC	DNE			hone Number	dise area (nda) = - 1
D. Tille Associ	ATE D	MECTOR		hone Number (89-6380 x221
d. Signature of Authorized Repr	SSORCE UVE	1.1	e. Natě	Signed	5/19/04
Previous Edition Usable Authorized for Local Reproducti	\mathcal{X}	1/n/Le			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102
LINE LAND LAND LANDING	~ 4- 11	/ /	•		
i	1				

(Package revised 12/23/03) Version 7/03				
APPLICATION FOR	2. DATE SUBMITTED	2004	Applicant Ident	tifier
FEDERAL ASSISTANCE		2004	<u> </u>	
1. TYPE OF SUBMISSION: Application	3. DATE RECEIVED BY STAT	re .	State Application	on Identifier
Construction Preapplication	4. DATE RECEIVED BY FEDI	RAL AGENCY	Federal Identifi	ler
⊠ Non-Construction				
. APPLICANT INFORMATION				
Legal Name:		Organizational Uni		
County of San Luis Obispo, California		Department: Depa	artment of Ge	eneral Services
Organizational DUNS: 11-150-3538		Division: -		
Address:	BOWEC	Name and telephor	ne number of pe	erson to be contacted on
Street: 1087 Santa Rosa Street		matters involving t		
	/ 10	Prefix: Ms.	First Name:	Klaasie
City: San Luis Obispo	1 8 2004 LU	Middle Name: -		
Out Sen Luis Obiens OTATE	Par A Parline	Last Name: Nairn	e	
State: CA Zip Code: 93408	EARING HOUSE	Suffix: =		
Country: USA		Email: knairne@c	no elo ca ue	
				LEAV
6. EMPLOYER IDENTIFICATION NUMBER	EIN):	Phone number (give are	a code):	FAX number (give area code):
9 5 - 6 0 0 0 9 3 9		805-781-	5205	805-781-5985
8. TYPE OF APPLICATION:		7. TYPE OF APPLI	CANT: (See back	k of form for Application Types)
New ☐ Continuation ☐ Revis	ala a	В	·	
	SION	Other (specify)		
If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)				
Other (specify)				
		9. NAME OF FEDE Federal Aviatio		ation
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE	CE NUMBER			ICANT'S PROJECT:
2 0 -	1 0 6	Airport Master	Plan :	
, TITLE: Airport Improvement Program		-		
(AIP)				
12. AREAS AFFECTED BY PROJECT (cities, counties, s	states, etc.):	1		
12. AREAS AFFECTED BY PROJECT (cities, counties, s San Luis Obispo County, California	states, etc.):	-		
San Luis Obispo County, California	states, etc.):			
San Luis Obispo County, California 13. PROPOSED PROJECT		14. CONGRESSIO	NAL DISTRICTS	
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date E	nding Date	a. Applicant	NAL DISTRICTS	OF b. Project #23
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date E		a. Applicant #23 16. IS APPLICATION	ON SUBJECT TO	b. Project #23 PREVIEW BY STATE
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date E 06/01/04 0 15. ESTIMATED FUNDING	nding Date 5/31/05	a. Applicant #23 16. IS APPLICATION EXECUTIVE ORDE	ON SUBJECT TO R 12372 PROCE	b. Project #23 PREVIEW BY STATE SS
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date E 06/01/04 0 15. ESTIMATED FUNDING a. Federal \$ 3	nding Date 5/31/05	a. Applicant #23 16. IS APPLICATIC EXECUTIVE ORDE a. Yes. THIS PF AVAILAI	ON SUBJECT TO R 12372 PROCE REAPPLICATION/A BLE TO THE STAT	b. Project #23 PREVIEW BY STATE SS PPLICATION WAS MADE E EXECUTIVE ORDER 12372
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date 06/01/04 0 15. ESTIMATED FUNDING a. Federal b. Applicant SECEVED	nding Date 5/31/05 600,000 .00 789 .00	a. Applicant #23 16. IS APPLICATIO EXECUTIVE ORDE a. Yes. THIS PF AVAILAI PROCE	ON SUBJECT TO R 12372 PROCE REAPPLICATION/A BLE TO THE STAT SS FOR REVIEW O	b. Project #23 PREVIEW BY STATE SS PPLICATION WAS MADE E EXECUTIVE ORDER 12372 DN
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date 06/01/04 15. ESTIMATED FUNDING a. Federal b. Applicant c. State	nding Date 15/31/05 300,000 .00 789 .00 15,000 .00	a. Applicant #23 16. IS APPLICATIO EXECUTIVE ORDE a. Yes. THIS PF AVAILAI PROCE DATE:	ON SUBJECT TO R 12372 PROCE REAPPLICATION/A BLE TO THE STAT SS FOR REVIEW O	b. Project #23 PREVIEW BY STATE SS PPLICATION WAS MADE E EXECUTIVE ORDER 12372 DN 03
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date 06/01/04 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local SMAY 18 2004	nding Date 5/31/05 000,000 789 15,000 0 0	a. Applicant #23 16. IS APPLICATIO EXECUTIVE ORDE a. Yes. THIS PF AVAILAI PROCE DATE: b. No. PROGR	ON SUBJECT TO R 12372 PROCE REAPPLICATION/A BLE TO THE STAT SS FOR REVIEW O March 24, 20 AM IS NOT COVER	b. Project #23 PREVIEW BY STATE SS PPLICATION WAS MADE E EXECUTIVE ORDER 12372 DN 03 RED BY E. O. 12372
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date 06/01/04 0 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local s MAY 18 2004	nding Date 5/31/05 600,000 789 15,000 0 0 0	a. Applicant #23 16. IS APPLICATIO EXECUTIVE ORDE a. Yes. THIS PF AVAILAI PROCE DATE: b. No. PROGR REVIEW	ON SUBJECT TO R 12372 PROCE REAPPLICATION/A BLE TO THE STAT SS FOR REVIEW O March 24, 20 AM IS NOT COVER OGRAM HAS NOT E	b. Project #23 PREVIEW BY STATE SS PPLICATION WAS MADE E EXECUTIVE ORDER 12372 DN 03 RED BY E. O. 12372 BEEN SELECTED BY STATE FOR
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date 06/01/04 0 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local s MAY 1 8 2004 e. Other f. Program income	nding Date 15/31/05 300,000 .00 789 .00 15,000 .00 0 .00 0 .00	a. Applicant #23 16. IS APPLICATION EXECUTIVE ORDE a. Yes. THIS PROVAILAL PROCE DATE: b. No. PROGR REVIEW 17. IS THE APPLICA	ON SUBJECT TO R 12372 PROCE REAPPLICATION/A BLE TO THE STAT SS FOR REVIEW O March 24, 20 AM IS NOT COVER DERAM HAS NOT E NT DELINQUENT	b. Project #23 PREVIEW BY STATE SS PPLICATION WAS MADE E EXECUTIVE ORDER 12372 DN 03 RED BY E. O. 12372 BEEN SELECTED BY STATE FOR ON ANY FEDERAL DEBT?
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date 06/01/04 0 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local s MAY 1 8 2004 e. Other f. Program income STATE CLEARING HOUSE g. TOTAL \$	nding Date 15/31/05 300,000 .00 789 .00 15,000 .00 0 .00 0 .00 0 .00 15,789 .00	a. Applicant #23 16. IS APPLICATION EXECUTIVE ORDE a. Yes. THIS PROVAILAI PROCE DATE: b. No. PROGR PROGR REVIEW 17. IS THE APPLICA	ON SUBJECT TO R 12372 PROCE REAPPLICATION/A BLE TO THE STAT SS FOR REVIEW O March 24, 20 AM IS NOT COVER DEGRAM HAS NOT E V NT DELINQUENT an explanation	b. Project #23 DREVIEW BY STATE ESS PPLICATION WAS MADE E EXECUTIVE ORDER 12372 DN 03 RED BY E. O. 12372 BEEN SELECTED BY STATE FOR ON ANY FEDERAL DEBT? No
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date 06/01/04 0 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local s MAY 1 8 2004 e. Other f. Program income	nding Date 15/31/05 300,000 789 15,000 0 0 0 0 0 15,789 F, ALL DATA IN THIS A	a. Applicant #23 16. IS APPLICATION EXECUTIVE ORDE a. Yes. THIS PROVIDED DATE: b. No. PROGR PROGR REVIEW 17. IS THE APPLICA PPLICATION/PREAP	ON SUBJECT TO R 12372 PROCE REAPPLICATION/A BLE TO THE STAT SS FOR REVIEW O March 24, 20 AM IS NOT COVER DEFINITION OF THE STAT OF THE STA	b. Project #23 D REVIEW BY STATE ESS PPLICATION WAS MADE E EXECUTIVE ORDER 12372 DN 03 RED BY E. O. 12372 BEEN SELECTED BY STATE FOR ON ANY FEDERAL DEBT? No E TRUE AND CORRECT, THE
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date 06/01/04 0 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local s MAY 1 8 2004 e. Other f. Program income STATE CLEARING HOUSE g. TOTAL s 18. TO THE BEST OF MY KNOWLEDGE AND BELIE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS A a. Authorized Representative	nding Date 15/31/05 300,000 789 15,000 0 0 0 0 0 15,789 F, ALL DATA IN THIS A E GOVERNING BODY O	a. Applicant #23 16. IS APPLICATION EXECUTIVE ORDE a. Yes. THIS PROVIDED TO THE PROCE b. No. PROGR PROGR PROGR PROGR PROGR TO R PROGR PROGR PROGR PROGR PROGR TO THE APPLICA PPLICATION/PREAP THE APPLICANT A	ON SUBJECT TO R 12372 PROCE REAPPLICATION/A BLE TO THE STAT SS FOR REVIEW O March 24, 20 AM IS NOT COVER DEGRAM HAS NOT BY NT DELINQUENT I an explanation PLICATION ARE ND THE APPLIC	b. Project #23 PREVIEW BY STATE SS PPLICATION WAS MADE E EXECUTIVE ORDER 12372 DN 03 RED BY E. O. 12372 BEEN SELECTED BY STATE FOR ON ANY FEDERAL DEBT? No E TRUE AND CORRECT, THE EANT WILL COMPLY WITH THE
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date 06/01/04 0 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local s MAY 1 8 2004 e. Other f. Program income STATE CLEARING HOUSE 9. TOTAL 3 18. TO THE BEST OF MY KNOWLEDGE AND BELIE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS A a. Authorized Representative Prefix Mr. First Name Duane	nding Date 15/31/05 300,000 789 15,000 0 0 0 0 0 15,789 F, ALL DATA IN THIS A E GOVERNING BODY O	a. Applicant #23 16. IS APPLICATIO EXECUTIVE ORDE a. Yes. THIS PF AVAILAI PROCE DATE: b. No. PROGR PROGREVIEW 17. IS THE APPLICA PPLICATION/PREAP THE APPLICANT A	ON SUBJECT TO R 12372 PROCE REAPPLICATION/A BLE TO THE STAT SS FOR REVIEW (March 24, 20 AM IS NOT COVER OGRAM HAS NOT E INT DELINQUENT INT DELINQUENT INT DELINGUENT INT DELINGUENT INT THE APPLIC Iddle Name - P.	b. Project #23 PREVIEW BY STATE SS PPLICATION WAS MADE E EXECUTIVE ORDER 12372 DN 03 RED BY E. O. 12372 BEEN SELECTED BY STATE FOR ON ANY FEDERAL DEBT? No E TRUE AND CORRECT, THE EANT WILL COMPLY WITH THE
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date 06/01/04 0 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program income STATE CLEARING HOUSE g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS A a. Authorized Representative Prefix Mr. Last Name Leib	nding Date 15/31/05 300,000 789 15,000 0 0 0 0 0 15,789 F, ALL DATA IN THIS A E GOVERNING BODY O	a. Applicant #23 16. IS APPLICATION EXECUTIVE ORDE a. Yes. THIS PROVIDED DATE: b. No. PROGR PROGREVIEW 17. IS THE APPLICA PLICATION/PREAP THE APPLICANT A Mi	ON SUBJECT TO R 12372 PROCE REAPPLICATION/A BLE TO THE STAT SS FOR REVIEW O March 24, 20 AM IS NOT COVER DEGRAM HAS NOT E OF THE APPLICATION ARE NO THE APPLICATION ARE NO THE APPLICATION ARE INDICATION ARE INDICAT	b. Project #23 PREVIEW BY STATE SS PPLICATION WAS MADE E EXECUTIVE ORDER 12372 DN 03 RED BY E. O. 12372 BEEN SELECTED BY STATE FOR ON ANY FEDERAL DEBT? No E TRUE AND CORRECT, THE EANT WILL COMPLY WITH THE
San Luis Obispo County, California 13. PROPOSED PROJECT Start Date 06/01/04 0 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local s MAY 1 8 2004 e. Other f. Program income STATE CLEARING HOUSE 9. TOTAL 3 18. TO THE BEST OF MY KNOWLEDGE AND BELIE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS A a. Authorized Representative Prefix Mr. First Name Duane	nding Date 15/31/05 300,000 789 15,000 0 0 0 0 0 15,789 F, ALL DATA IN THIS A E GOVERNING BODY O	a. Applicant #23 16. IS APPLICATIO EXECUTIVE ORDE a. Yes. THIS PF AVAILAI PROCE b. No. PROGR OR PRO REVIEW 17. IS THE APPLICA Yes If "Yes" attach PPLICATION/PREAP F THE APPLICANT A Mi	ON SUBJECT TO R 12372 PROCE REAPPLICATION/A BLE TO THE STAT SS FOR REVIEW O March 24, 20 AM IS NOT COVER DEGRAM HAS NOT E OF THE APPLICATION ARE NO THE APPLICATION ARE NO THE APPLICATION ARE INDICATION ARE INDICAT	b. Project #23 PREVIEW BY STATE SS PPLICATION WAS MADE E EXECUTIVE ORDER 12372 DN 03 RED BY E. O. 12372 BEEN SELECTED BY STATE FOR ON ANY FEDERAL DEBT? No E TRUE AND CORRECT, THE EANT WILL COMPLY WITH THE

<u>.</u>		<u> </u>		OMB Approval No. 0348-0043	
APPLICATION FOR FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTEL April 23, 2004		Applicant Identifier	
1. TYPE OF SUBMITTING: Application Preapplication		3. DATE RECEIVED BY STATE		State Application Identifier	
Construction X Non-Construction	☐ Construction ☐ Non-Construction	4. Date received by Federal Agency		Federal Identifier	
5. APPLICANT INFORMATION	ī				
Legal Name: Agua Caliente Band of Cahuilla Indians			Organizational Unit:		
Address (give city, county, State, and	d zip code):		Name and telephone number of person to be contacted on matters involving this application		
650 East Tahquitz Canyon V	Way, Palm Springs, CA	92262	(give area code) Clifford W. Batton 760-325-3400 EXT 1342		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2549724 DUNS # 182070482 8. TYPE OF APPLICATION: New X Continuation Revision If Revision, enter appropriate letter(s) in box(es)		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Internate L. Individual F. International M. Profit Organization G. Special District N. Other (Specify)			
A. Increase Award B. Decrease D. Decrease Duration Other (speci		~	9. NAME OF FEDERAL AGENCY: EPA		
10. CATALOG OF FEDERAL DON	MESTIC ASSISTANCE NUM	BER:	11. DESCRIPTIVE TITLE OF A	PPLICANT'S PROJECT:	
6	6-419		Clean Water Act Section 106		
TITLE: Clean Water Act Section		·····			
12. Areas affected by project (Ciries, Counties, States, etc.); Agua Caliente Indian Reservation City of Palm Springs City of Cathedral City Riverside County		·	MAY 1 8 2004		
13. PROPOSED PROJECT RESEARCH	14. CONGRESSIONAL DIS	STRICTS OF: Mary Bono		STATE CLEADING HO	
Start Date	a. Applicant Agua Caliente Band of Calm	illa Indiana	b. Project	Control less Control 117111 Control 11711 Co	
15. ESTIMATED FUNDING:	,		16. IS APPLICATION SUBJECT		
a. Federal	\$ 135,000 .00		EXECUTIVE ORDER 12372 a. YES. THIS PREAPPLICATION		
b. Applicant \$ 7,105 .00		AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
c. State	\$,00		DATE _ 5/04		
d, Local	1. Local \$.00		b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR		
o, Othor	\$.00		REVIEW		
f. Program Income	.00				
g. TOTAL \$ 142,105 .00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? \[\subsection \text{Yes," attach an explanation,} \text{X No} \]		
				UE AND CORRECT. THE DOCUMENT HAS BEEN THE ATTACHED ASSURANCES IF THE	
a. Type Name of Authorized Repres	sentative b.	Title Chairman		Telephone Number 60) 325-3400	
d. Alignature of Authorized Representative			COLIVED	Date Signed 4-19-04	
revious Edition Usable Authorized for Local Reproduction		101C	Standar	rd Form 424 (Rev. 7-97) ry OMB Circular A-102	
		IS TEST			

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

a. Authorized Representative
Prefix
Prefix
Middle Name
S

Suffix

Last Name
WiLSON
b. Title
PRESIDENT

Middle Name
S

C. Telephone Number (give area code)
831 758-8670

Previous Edition Usable

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d. Signature of Authorized Representative

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

04/01/04

e. Date Signed

APPLICATION FEDERAL AS		DATE SUBMITTED		Applicant Ide	
1. TYPE OF SUBMISSION Application Construction	t: : Preapplication Construction	3. DATE RECEIVED BY	STATE	State Application Identifier	
Construction	_	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Constructio				L	
Legal Name: WESTELN	Contra CostaTi	Ansit Auth	Organizational Unit		
Address (give city, cour	nty, state, and zip code): (EV AVE		this application (g		contacted on matters involving
	A 94564			724-3331	
6. EMPLOYER IDENTIFIC	ATION NUMBER (EIN):		 	ANT: (enter appropriate letter	in box) . W
9 4	1 - 6027	345	A. State B. County C. Municipal	J. Private Univers	Institution of Higher Learning
	New ☐ Continuatio	n 🔲 Revision	D. Township K. Indian Tribe E. Interstate L. Individual		
If Revision, enter approx			F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Joint Powers Agricularity		
A Increase Award	B. Decrease Award C	Increase Duration	G. Special Dis		cities of Hercules/Minor
D. Decrease Duratio	n Other (specify):		9. NAME OF FEDE		
			Federa		Administration
10. CATALOG OF FEDER ASSISTANCE NUMBE	AL DOMESTIC 2 0	507	* opera	TITLE OF APPLICANT'S PROJECT:	E for PARATranst
TITLE: Feder	ral Transit for	nuela Grants	1	LEO JRoute Sa	
	PROJECT (cities, counties, states		A Preve	Ntive mair	tenance
a to a	esta Pocenty		& CATAL	the Devices	for Existince)
COMITA CO	3100 -		vehic	les to lower s	emissions
13. PROPOSED PROJECT	T: 14. CONGRESSI	ONAL DISTRICTS OF:			
Start Date 6/30/04	Ending Date a Applicant	meller De	ctrict 7	b Project	
15. ESTIMATED FUNDING				EW BY STATE EXECUTIVE ORDER	12372 PROCESS?
a. Federal	1,373,364	s	STATE EXECUTIVE C	ON:APPLICATION WAS MADE∷ ORDER 12372 PROCESS FOR I	AVAILABLE TO THE
b. Applicant	\$	00 0	DATES-/3-	-64	MAY 1 8 2004
c. State	\$	b NO. [PROGRAM IS N	OT COVERED BY E.O. 12372	
d Local	284,497	00	OR PROGRAM	HAS NOT BEEN SELECTED BY	STATE CLEARING HOUSE
e Other		00			
f. Program Income		Yes	If "Yes," attach an	ON ANY FEDERAL DEBT? explanation.	₩ No
g TOTAL	1,654861	00			,
1	KNOWLEDGE AND BELIEF. ALL DAT OVERNING BODY OF THE APPLICAN				1
a Typed Name of Auth CHARLES	orized Representative AN CLVS ON		6 Eneval	MANAger	c Telephone number 516 - 72Y - 3331
d Signatura of Author			A	J	e Date Signed
Rossis Editors	1 W				5-14-04 Standard Form 424 (REV 4-88)
Previous Editions Not C	Sable				Prescribed by OME Circular A-102

APPLICATION FOR				OMB Approval No. 0348-00	
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION:	T	3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
☐ Non-Construction	K Non-Construction			1	
5. APPLICANT INFORMATION		,	- 		
Legal NameOrange Cov			Organizational Unit:		
District of Fre		Counties	Fire Depar	r tmen t number of person to be contacted on matters involv	
Address (give city, county, State,					
550 Center			uns application (give a	^{rea code)} Chief Robert Terry	
Orange Cov	ve, Califórnia	a 93646		(559) 626–7758	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
9944 - 6 0 3 5	403	•		G	
			A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning	
X New	Continuation	C. Municipal	J. Private University		
less.	(-) !	1	D. Township	K. Indian Tribe L. Individual	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	M. Profit Organization	
A 1 A D D	rease Award C. Increase	Duration	F. Intermunicipal G. Special District	N. Other (Specify)	
	rease Award C. Increase specify):	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Official	specity).		9. NAME OF FEDERA	AL AGENCY:	
			United Sta	ates Department	
		-	of Agricu		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NI	IMBER:		TLE OF APPLICANT'S PROJECT:	
10. CATALOG OF TEDERAL DO	Г			ender/Tanker Fire Truck	
	ا	1 0 - 7 6 6		an / Rural fireprotectio	
TITLE:			TOT OTB	in , Rului lilepidecedio	
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	tes, etc.):	1		
Entire Cityof(OrangeoCove,	portions			
of rural Fresno	& Tulare Co t	unties			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF: David	Nunez 21s	t., Cal Dooley 20th.,	
Fire Truck	George Radan	ovich 19th.			
Start Date Ending Date	a. Applicant		b. Project		
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE	
		00	ORDER 12372 PR	ROCESS?	
a. Federal	\$		- VEC THE DDEA	APPLICATION/APPLICATION WAS MADE	
	111000	00 m to 8 person to		TO THE STATE EXECUTIVE ORDER 12372	
b. Applicant	74000 RECEIVE		PROCESS FOR REVIEW ON:		
c. State	\$ 74000	00	PROCESS	TORRESTOR.	
c. State	1	MAY 1 8 200	DATE	<u> </u>	
d. Local	\$	00 200	J	5 cm	
u. Local	* ·	·	b. No X PROGRA	M IS NOT COVERED BY E. O. 12372	
e. Other	\$ 51	TATE CLEARING HO	USE OR PROC	GRAM HAS NOT BEEN SELECTED BY STATE	
		TATE OCCAMINATIO	FOR REV	IEW	
f. Program Income	\$.00			
	0		17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$.00	Yes If "Yes."	attach an explanation.	
	185000				
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLIC	ATION/PREAPPLICAT	TON ARE TRUE AND CORRECT, THE	
			E APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF				c. Telephone Number	
a. Type Name of Authorized Repr		b. Title Fire (hiof	(559) 626-7758	
Robert W. Tel		LITE (TITET	e. Date Signed	
d. Signetare of Authorized Repres	sentative			e. Date Signed	

Previous Édition Usable

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d. Signetare of Authorized Representative

May 11th, 2004
Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FI	EDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier
	Preapplication		
Construction	Construction	4. Date Rec'd by Federal	Federal Identifier
X_ Nonconstruction _	Nonconstruction IP IP III		
F A - 1: 1		Organizational Unit:	
5. Applicant Information: Legal Name and Address:	III	Central Valley Regional Wa	ter Quality Control Board
(give city, county, state, and	ain add 1		on to be contacted on matters
(give only, county, state, and	esources Control Board 18 2004	involving this application (g	
1001 I Street S	Sacramento County	Les Grober	
Sacraments, O	alifonia 95814 STATE CLEARING I	- (91 6) 464-4851 - DUSE	
	Number (EIN): 68-0281986	7. Type of Applicant: (enter	
			H. Independent School District
6. DUNS Number: 808	3321913		I. State Institute of Higher Learning
8. Type of Application:		1 -	J. Private University
X New Revision		*	K. Indian Tribe
If Revision, enter appropriate			L. Individual
A. Increase Award			M. Profit Organization
C. Increase Duration		G. Special District	N. Other (specify)
Other (specify)		9. Name of Federal Agency	
10. Catalog of Federal Dom	testic Accistance Number		: mental Protection Agency
10. Catalog of Federal Dom 66.463	restre Assistance Number	O. O. Elivion	months i rotocion rigottoj
	Cooperative Agreements	11. Descriptive Title of Ap	olicant's Project:
Thie. Water Quality	Cooperative rigitations	2222191110 21110 31719	
		The San Joaquin River is lis	ted on the Federal Clean Water Act's
12. Area Affected by Project	et:	303(d) list as impaired for s	alinity and boron and has been
(cities, counties, states, etc.)		designated "high priority" for	or TMDL development. The project
	'alley, California		ately 2.9 million acres in the San Joaquin
13. Proposed Project:		Valley.	
Start Date	End Date	14. Congressional District	
7/1/04	6/30/05	,	Project:
			California - All
15. ESTIMATED FUNDIN	IG:	16. Is the application subjection of the control of	
. Estand	£150,000	Executive Order (EO) 1237 a. YES: X This a	2 process? pplication/preapplication was made
a. Federal	\$150,000 \$0	a. 1EOA_ IIIS a	ne State EO 12372 process for
b. Applicant	\$0 \$0	review on:	To State Do 12012 procession
c. State d. Local	\$0 \$0	Teview off.	Date: May 18, 2004
e. Other	\$0	b. NO: Progra	am is not covered by EO # 12372
f. Program Income	\$0		am has not been selected by the
i. I rogram moome	ΨV		or review.
g. TOTAL	\$150,000	17. Is the applicant delinqu	
0. 1011.11	2.2.2,200	YES, attach explana	
18. TO THE BEST OF MY	KNOWLEDGE AND BELIEF, ALL	DATA IN THIS APPLICATION	N/PREAPPLICATION ARE
TRUE AND CORRECT, TH	HE DOCUMENT HAS BEEN DULY .	AUTHORIZED BY THE GOV	ERNING BOARD OF THE
APPLICANT, AND THE A	PPLICANT WILL COMPLY WITH T	THE ATTACHED ASSURAN	CES IF THE ASSISTANCE
IS AWARDED.			
a. Typed Name of Authoriz	ed Representative	b. Title:	c. Telephone Number
Celeste Cantú	=	Executive Di	rector (916) 341-5615
			-
d. Signature of Authorized	Representative		e. Date Signed:

A 1

PPLICATION FOR				Applicant Identifi	Version 7/03
EDERAL ASSISTANCE	•	2. DATE SUBMITTED May 5, 2004		Applicant Identili Vista Verde	
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicatio	
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	er
Construction	☐ Construction ☐ Non-Construction				<u>'</u> .
Non-Construction APPLICANT INFORMATION			70 1 15 111-1	4.	
agal Name:			Organizational Unit	<u>. </u>	
ousing Authority of the County	of Kern		Division:		
rganizational DUNS:		T R FSI	1		the sector of the sector
ddress:		/ 15 n	Name and telephor Involving this appl	ne number of per lication (give area	son to be contacted on matters
Street:			Prefix:	First Name:	
301 24th Street	MAY 1.8 %	1771 —	Mr. Middle Name	Mark	,
City: Bakersfield	MAI IO A	104 LJ	Last Name		
County: Cern			Smith		
State: ST/	A TESCOTE EARING	3 HOUSE	Suffix:		
Country:			Email: msmlth@kemha_or	g	
JSA 5. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
			(661) 631-8500	,	(661) 631-9500
95-600162 3. TYPE OF APPLICATION:	9		7. TYPE OF APPL	CANT: (See back	of form for Application Types)
17 No	w 🖾 Continuation	on 🛭 Revision			
Revision, enter appropriate le	tter(s) in box(es)		Other (specify)		
See back of form for description	on of letters.)		N: Public Housing	Agency	
Other (specify)			9. NAME OF FEDE United States Dept	artment of Agricultu	ıre
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
10. CATALOG OF FEDERON	DOMEDITO		Vista Verde, Applic	cation for Funding	
		10-405			•
TITLE (Name of Program): Farm Labor Housing Loan and	Grant Program				:
12. AREAS AFFECTED BY F	ROJECT (Cities, Counti	'es, Statas, etc.):			•
City of Bakersfield, Kern Coun	ty, California		14. CONGRESSIO	NAL DISTRICTS	OE.
13. PROPOSED PROJECT			a. Applicant	NAL DISTRICTS	lb, Project
Start Date:	Ending Date: 05/2006		20th and 22nd		20th
03/2005 15. ESTIMATED FUNDING:	100,200			~~~~	REVIEW BY STATE EXECUTIVE
a. Federal	\$		TLIC	DDE ADDI ICATIOI	WAPPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
USDA		1,400,000	PROC	CESS FOR REVIE	W ON
b. Applicant	\$	126,798	DATE		
c. State Joe Serna, Tax Credits	\$	8,421,031	. 5000		VERED BY E. O. 12372
d. Local	\$		1 D. NO. 11 1		OT BEEN SELECTED BY STATE
e, Other HUD RHF Funds	\$	1,012,028	ا اسا دها	ロニ ハビバ	
f. Program Income	\$	- 00	17. IS THE APPL	ICANT DELINQUI	ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	10,959,857	Yes If Yes a	ttach an explanation	on. Z No
18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	I Y AII I HORIZED BT II	HE GOAEVINIA BAAR A	PPLICATION/PREAF OF THE APPLICANT	PLICATION ARE AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative			. Mi	ddle Name	
Prefix Mr.	First Name William		L	affix	
Last Name Carter				Telephone Numbe	er (give area code) .
b. Title Executive Director	1/1		(6	561) 631-8500 Date Signed	
d. Signature of Authorized Re	epresentative 1176			May 5, 2004	Standard Form 424 (Rev.9-20
Previous Edition Usable	\ 1 \ \				Prescribed by OMB Circular A-

RURAL DEVELOPMENT CALIF

A 1

					1	-
APPLICATION FOR FEDERAL ASSISTANCI	E	2. DATE SUB	MITTED		Applicant Identi Casas del Valle	fier
TYPE OF SUBMISSION:		3. DATE REC	EIVED BY	STATE	State Application	
Application	Pre-application			FEDERAL ACENCY	Federal Identifi	AF.
Construction	🖾 Construction	4. DATE REC	EINED BA	FEDERAL AGENCY	Pedelat identifi	
Non-Construction	Non-Construction				<u> </u>	
APPLICANT INFORMATION	N			Organizational Unit:		
egal Name:				Department	:	
lousing Authority of the County	y of Kem			Department		
Organizational DUNS:		בו מח ב		Division:		
779790128	F G G	1 V E	- 	Name and telephon	e number of per	son to be contacted on matters
Address:	HDIE		1 -	involving this applic	cation (give area	code)
Street. 501 24th Street	113			Prefix: Mr.	First Name: Mark	
	HHH MAY +	8 2004	$H^{\nu}H$	Middle Name	WICH	
City: Bakersfield		200.		A.		
County:				Last Name Smith		
Kern	Harra Mr. 701 F.A		1 (6- 7080	Suffix:		
State: CA	Zip Code 93301	MNG HU	W. W. Lind			
Country:	Appendiction			Email: msmith@kemha.org		
JSA 3. EMPLOYER IDENTIFICATI	ION NUMBER (EIN):			Phone Number (give	area code)	Fax Number (give area code)
				(661) 631-8500		(661) 631-9500
95-600162	Я				ANT: (See back	of form for Application Types)
B. TYPE OF APPLICATION:	Π = 11				•	
No. 15 Percentage No. 15	ew ∭ Continuati	on 📙 Rev	NZIOII			_
See back of form for description	on of letters.)			Other (specify)	5005 1	
				N: Public Housing A 9. NAME OF FEDER		
Other (specify)				United States Depar	ment of Agricult	ле
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:		11. DESCRIPTIVE	TITLE OF APPL	CANT'S PROJECT:
10. CATALOG OF PEDERA	L DONILOTTO ASSISTA			Casas del Valle, Ap	plication for Fund	ing
		10-	4 0 5	0		
TITLE (Name of Program): Farm Labor Housing Loan and	d Great Program					
Famili Cabol Floosing Esarrain	a alandi tagi anii					
12 AREAS AFFECTED BY F	PROJECT (Cities, Counti	les, States, etc.,):	,		
	PROJECT (Cities, Counti	les, Stales, etc.,):			
City of Delano, Kern County,	PROJECT (Cities, Counti	les, Stales, etc.,):	14. CONGRESSION	NAL DISTRICTS	OF:
City of Delano, Kern County, C 13. PROPOSED PROJECT	ROJECT (Cities, Counti California	les, Stales, etc.,):	14. CONGRESSION	NAL DISTRICTS	b, Project
City of Delano, Kern County, 0 13. PROPOSED PROJECT Start Date:	PROJECT (Cities, Counti	les, Stales, etc.,);	a. Applicant		b, Project 20th
City of Delano, Kern County, 0 13. PROPOSED PROJECT Start Date:	PROJECT (Cities, Counting California Ending Date:	les, Stales, etc.,):	a. Applicant 20th and 22nd 16. IS APPLICATIO	ON SUBJECT TO	b, Project 20th REVIEW BY STATE EXECUTIVE
City of Delano, Kern County, 0 13. PROPOSED PROJECT Start Date: February, 2005 15. ESTIMATED FUNDING:	California Ending Date: February, 2006	les, Stalos, etc.); 	a. Applicant 20th and 22nd 16. IS APPLICATIO ORDER 12372 PRO	ON SUBJECT TO	b. Project 20th REVIEW BY STATE EXECUTIVE
City of Delano, Kern County, 0 13. PROPOSED PROJECT Start Date: February, 2005 15. ESTIMATED FUNDING: a. Federal	PROJECT (Cities, Counting California Ending Date:	es, States, etc.,	pg.	a. Applicant 20th and 22nd 16. IS APPLICATIO ORDER 12372 PRO a. Yes. THIS P	ON SUBJECT TO OCESS? REAPPLICATION	b. Project 20th REVIEW BY STATE EXECUTIVE NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
City of Delano, Kern County, 0 13. PROPOSED PROJECT Start Date: February, 2005 15. ESTIMATED FUNDING: a. Federal USDA	California Ending Date: February, 2006	2,900,000	lsa	a. Applicant 20th and 22nd 16. IS APPLICATIO ORDER 12372 PRO a. Yes. THIS P	ON SUBJECT TO	b. Project 20th REVIEW BY STATE EXECUTIVE NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
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ADDI IOATION COD				OMB Approval No. 034	8-0043
APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier :	
FEDERAL ASSISTAN	ICE	March 30, 2004			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
<u>Application</u>	Preapplication	4. DATE RECEIVED BY	TEDERAL ACENCY	Enderal Identifier	
Construction	X Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Pedelal (delimie)	
Non-Construction 5. APPLICANT INFORMATION	Moli-collati detion				
1 edal Name,			Organizational Unit:		
Adelanto Hous	ing Investors, I	L.P.		limited partnership	Juine
Address (give city, county, State. 5400 E. Olympic B Los Angeles, CA	and zip code):		Name and telephone this application (give a	number of person to be contacted on matters in trea code)	VOIVING
Los Angeles, CA	90022	11		(562) 256-2032	
6. EMPLOYER IDENTIFICATION	NUMBER GINE MA	1	TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
	To be de	etermined	A State	H. Indopendent School Dist.	
		A FOLKIO LIOLIO	CB County	I. Stale Controlled Institution of Higher Learning	1 g
8. TYPE OF APPLICATION:	_ ISTATE C	LEARING HOUS	Municipal	J. Private University	
∑ New	Continuation	PAVIBIUM	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) int box(cs)		E. Interstate	L. Individual	•
• •		J [F. Intermunicipal	M. Profil Organization N. Other (Specify) United Partners	hip
7. 110.000	rease Award C. Increase	e Duration	G. Special District	N. Other (Spaciny)	1
D. Decrease Duration, Other(s	specify):		9. NAME OF FEDER	AL AGENCY:	
				Development	
			A CONTRACTOR	TLE OF APPLICANT'S PROJECT:	
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NL	JMBER:	l .		1
		1 0 — 4 0 5	New constru	ction of an 81-unit farmwo	rker
TITLE: Farm La	hor Housing		1	ing development in Adelant	0,
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	atcs, etc.);	California		
City of Adelanto,					
City of Adelantes,					
13. PROPOSED PROJECT	14. CONGRESSIONAL DI				
Stan Date Ending Date	a. Applicant 33 (Fed	deral Congress	b. Project	al), 17th (State Senate	
	26 (State Sena	ate),	40 LIL (FEGET	SUBJECT TO REVIEW BY STATE EXECUTI	VE
15. ESTIMATED FUNDING:			ORDER 12372 P		•
- Fadard	\$	<u>ú</u> 0	1 .	•	•
a. Federal	1,000,000		a. YES, THIS PRE	APPLICATION/APPLICATION WAS MADÉ E TO THE STATE EXECUTIVE ORDER 12372	·* .
b. Applicant	10,227,188			FOR REVIEW ON:	
		ψü	PROCESS	· ·	
c. State	\$		DATE		
d, Local	S	<u>.</u>	b. No. PROGR	AM IS NOT COVERED BY E. O. 12372	
e. Olher Permanent	\$ 2.265.031	00		GRAM HAS NOT BEEN SELECTED BY STAT	<u> </u>
Loan	2,265,031	dD.	FOR RE	VIEW	
f. Program Income	\$		17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?	?
g. TOTAL	\$ 13,492,119	0.00		attach an explanation.	
18 TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	OVERNING BODY OF TH	IE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	ARDED.			
a. Type Name of Authorized Rep	resentative	b. Title	en t	5. Telephone Number	
July 6	to no controlled	1 1,62,0	6111	e. Date Signed	
d. Signature of Authorized Repre	escritative	M		4 - 5 O4	
Previous Edition Usable				Standard Form 424 (Rev. 7-97)	,
Authorized for Local Reproduction	on .			Prescribed by OMB Circular A-102	

APPLICATION FOR				Applicant Ident	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 6, 2004		<u> </u>	4
1, TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	on Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	er
Construction	Construction				
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Uni	<u>:</u>	
Coachella Valley Housing Coali	tion		Department:		
Organizational DUNS:			Division:		
61-328-1070 Address:			Name and telephor	oc number of per	son to be contacted on matters
Street	TO B G G		involving this appl	cation (give area	3 code)
45-701 Monroe Street., Suite G	TO EGE		Prefix: Mr. Middle Name	John	
Cîty: Indio	1131		F.		
County: Riverside	MAX	18 2004	Last Name Mealey Suffix:		
State: CA	Zip Code 92201	No. of the last of			
Country: USA	· STATE CLE	FARING HOUSE	Email: Jmealey@cvhc.org		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN).	The second secon	Phone Number (give	e area code)	Fax Number (give area cods)
95-3814898			760-347-3157		760-342-6466
8 TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
☑ Ne	w 🔲 Continuati	on 🔲 Revision			
If Revision, enter appropriate le (See back of form for descriptio	tter(s) in box(es)		Other (specify)		
(266 pack of John for deaptiblio	If of letters.)		Non-Profit		
Other (specify)			NAME OF FEDERAL AGENCY: United States Department of Agriculture		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
l		10-405	Sixty Unit Farmwor	ker Mobile Home sits and 48 Four B	Complex. Unit mix consists of 12 edroom Units.
TITLE (Name of Program):			Three Bedroom Cr	dild 10 , 00. –	
Section 514-516 12. AREAS AFFECTED BY P	DO IEST /Sites Countl	on Statem of l:	-		
· ·		53, 3(6(53, 610.).			
Mecca, Riverside County, Cali	Ioma		14. CONGRESSIO	NAL DISTRICTS	OF:
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant		b. Project
January 2005	January 2006		44th	ON CHE LECT TO	A4th REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:	*		ODDED 42272 DD	CESS?	•
a. Federal	\$	2,550,000	a. Yes, 🛛 THIS F	PREAPPLICATION ABLE TO THE ST	WAPPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
USDA b. Applicant	\$	00		ESS FOR REVIE	
ç. Ştale	\$	bu	DATE:	5-5-04	
HCD/FWHG		1,000,000			VERED BY E. O. 12372
d. Local County of Riverside	\$ 	300,000	[B. NO. LL]		OT BEEN SELECTED BY STATE
	\$	6,730,395	U FOR R	FVIEW	·
f. Program Income	\$, ab	17. IS THE APPLI	CANT DELINQUE	ENT ON ANY FEDERAL DEBT?
13, 14	\$	10,580,395	Yes If "Yes" att		
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY TH	IE GOVEKNING BODY OF	PLICATION/PREAPI THE APPLICANT A	PLICATION ARE ND THE APPLIC	TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES I.	FIRE ASSISTANCE IS	AYYARDED.			
Prefix Mr.	First Name John		Mic F.	idle Name	
Lasi Name	1.0		Şul	fix	
Mealey		· · · · · · · · · · · · · · · · · · ·	c. 7	elephone Numbe	r (give area code)
b. Title Executive Director			76	0-347-3157	
d. Signature of Authorized Rep	presentative		e. I Ma	Date Signed ay 3, 2004	A
Previous Edition Usable					Standard Form 424 (Rev.9-2003 Prescribed by OMB Circular A-102

Friday May 14, 1904 9:01am -- From '342 6466'

Sent By: CVHC;

342 8468 ;

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May-14-04 8:17;

Page 2

FEDERAL ASSISTANCE	E _.	2. DATE SUBMITTED May 8,2004		Applicant de	Version 7/
1. TYPE OF BUMMISSION:		3. DATE RECEIVED B	Y STATE	State Applica	tlan Identifier
Application	Pre-application	4. DATE RECEIVED B	V SEDERAL ACENCY	Foderal Ident	Mar.
Construction	Construction	TO DATE RECEIVED B	I LEDEKAL MAEKA!	Localst loans	eiet.
Non-Construction 5. APPLICANT INFORMATION	Mon-Construction	<u> </u>			1
Legal Name:			Organizational Unit		
Coschells Valley Hou	Jaing Coalition	•	Department		
Organizational DUNS;	*************************************	1100	Division:		<u>'</u>
61-328-107		F N W F C	<u> </u>		
Street:		IS II V IS	involving this appli		rnon to be contacted on malter: a code)
45-701 Monroe St. Sulte G	11021		Profes:	First Name:	
City:	— 	⊤8 ′ 2004 H	Middle Name	Sleven	il addition in the state of the
	. UU "//	2004			
Riverside			Last Name Crowell		•
State: California	Zip Code A die ()	FARING HOUS	Suffix:		- \
Country;	L Detty	TANHALI HAR	Email:		
	ALLERA BOR 200	y	scrowell@cvhc.org		I = No. 10 = / I
6, EMPLOYER IDENTIFICATIO	_		Phone Number (give a	nera code)	Fex Number (give and code)
95-3814898			(760) 347-3157		(760) 342-6468
& TYPE OF APPLICATION,	_		7. TYPE OF APPLIC	ANT; (See Dad	c of form for Application Types)
Nev If Revision, enter appropriate lett	Continuation	Revision	"O" Non-Pro	nt .	
See back of form for description	ot letteur)	r "7	Other (specify)		
Δu (النبا	9, NAME OF FEDER	I RENEV.	
Other (specify)			United States Depart	neal of Agricult	ure
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPU	CANT'S PROJECT:
TITLE (Name of Program): USDA 5 12 AREAS AFFECTED BY PR Blythe, Riverside, California	14,516 Farm Labor Houd OUECT (Cilles, Countles,	sing Stales, etc.):	individual kitchens ar significant complex w for Blythe City.	d baths. Prescr Il contribute to I	a is 450 square feet Including velton of this architecturally the Integrity and historical febric
13. PROFOBED PROJECT Start Date:	Ending Date:		14. CONGRESSIONA a. Applicant	L DISTRICTS	b. Project
Sean Date: February 1, 2005	February 1, 2006	•	44th District		45th District
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		98	ORDER 12372 PROC	APPLICATION	PER MADE
USDA 514,516		2,493,BB1	A THE MEN AVAILAB	LE TO THE STA	ATE EXECUTIVE ORDER 12372
b. Applicant \$.~			, Old
S State S		1,000,000	DATE: A	pril 4, 2004	
d. Local S		чр	b. No. C FROGRA	M IS NOT COV	ERED BY E. O. 12372
		200,000		RAM HAS NO	T BEEN SELECTED BY STATE
City of Blytha		00			
City of Blytho 6. Other County of Riversida	450	480,000	□ FOR REV	irw	
City of Blytho B. Other County of Riversida		450,000	□ FOR REV	irw	NT ON ANY FEDERAL DEBT?
City of Blythe B. Other County of Riverside F. Program Income \$	-	The state of the s	□ FOR REV	TEW NT DELINQUER	NT ON ANY FEDERAL DEBT?
City of Biviths B. Other County of Riverside F. Program Income S. TOTAL S. TOTHE BEST OF MY KNODOCUMENT HAS BEEN DULY	AUTHORIZED BY THE (4,173,881 ALL DATA IN THIS APIGOVERNING BODY OF	17. IS THE APPLICA	IEW NT DELINQUE! an Booksnakkon CATION ARE T	NT ON ANY FEDERAL DEBT? \$2 No. RUE AND CORRECT. THE
City of Biving OUNTY OF REVUES IN F. Program Income S. TOTAL S. TOTHE BEST OF MY KNO- DISCUMENT HAS BEEN DULLY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (THE ASSISTANCE IS AV	4,173,881 ALL DATA IN THIS APIGOVERNING BODY OF	THE APPLICANT AND	IEW NT DELINQUER EN EXPLORABITION CATION ARE T THE APPLICAL	NT ON ANY FEDERAL DEBT? \$2 No. RUE AND CORRECT. THE
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APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 6, 2004		Applicant Ident	Uffier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	on Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifi	ler
Construction	Construction	4, DATE RECEIVED DI	, LDLIG LI (OLI)		
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational L	nit:	
South County Housing Corporat	tion		Department:		
Organizational DUNS:	•		Division:		
•	THE BE	-1 W E 6-1-	Name and teleph	one number of pa	rson to be contacted on matters
Address: Street:	Hn) & 6 6	<u> </u>	involving this ar	plication (give are:	a code)
9015 Murray Avenue	11:31		Prefix: Ms.	First Name: Jan	
City: Gilroy	MAY	8 2004	Middle Namo		
County: Santa Clara County			Lest Name Lindenthal		
State: California	ZID CODE TE CLE	ARING HOUSE	Sufflx:		
Country: USA	The E P of States	and the second of the second o	Email: jan@scounty.cor	n	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (g	ive area codo)	Fax Number (give area code)
94-2590572	٦		(408) 842-9181 e		(408) 842-0277
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See back	k of form for Application Types)
Ne	w D Continuatio	n 🛮 Revision	O. Not for Profit	Organization	
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)		Other (specify)		
Other (specify)			USDA, RHS	DERAL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT: '
			Sallnas Road Ap	artments	MODVEDS OF
TITLE (Name of Program):	•		△ TOTAL C	units FOR FARM	FAMILY UNITS
12. AREAS AFFECTED BY PF	O IECT (Citian Countle	c States etc.):	A TOTAL C	or Hobii	
		S, Giates, Co.).			
Pajaro, Monterey County, Calif	D(())d		14 CONGRESS	ONAL DISTRICTS	OF:
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant		b. Project
Јиле 15, 2005	August 15, 2006		16th	TION THE IFOR TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:	•		ONDED 40070 D	コハヘはぐらつ	
B. Federal	2 000 000	.00	a. Yes. THIS	I PREAPPLICATION II ARI E TO THE ST	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant 5	3,000,000	- 00	PRO	CESS FOR REVIEW	V ON
GP EQUITY c. State \$	187,955	uu .	DAT	₹:	
JSFWHG-RCAC d. Local	1,178,125	uo	b. No. 12 PRO	GRAM IS NOT COV	/ERED BY E. O. 12372
COUNTY MONTEREY	531,670	GID.		PROGRAM HAS NO	T BEEN SELECTED BY STATE
e. Other TAX CREDITS-4%	2,410,250	- 00	ص⊃ اسا	ロニングはハイ	NT ON ANY FEDERAL DEBT?
f, Program Income AHP, RCAG, NRC	1,007,500		4	•	ייי ועביוו
g. TOTAL	8,315,500	•		itiach an explanation	···
ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODT OF	THE APPLICANT	AND THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative	First Name		M	iddle Nama	
Prefix Mr. Last Name	Dennis		s	ıffix	•.
Lalor	_		c	Telephone Number	(glve area code)
b. Title Executive Director	· /	A-8	(108) 842-9181 ext. 2 Date Signed	236
d. Signature of Authorized Repr	resentative day	pl-	В	Date Signed	Standard Form 424 (Rev.9-2003

Previous Edition Usable Authorized far Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR				OMB Approval No. 0348-0043	
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
	:	March 30			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication X Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	☐ Non-Construction	T. DATE NEOLIVED DI		, coord, racritino	
5. APPLICANT INFORMATION					
	ng Investors, L	.P.		a limited partnership	
Address (give city, county, State, 5400 E. Olympic		ή	Name and telephone r this application (give a	number of person to be contacted on matters involving	
Los Angeles, CA		J			
				s (562) 256-2032	
6. EMPLOYER IDENTIFICATION 2 0 - 0 0 5 5	12 0 17 E G	EIVEN	7.TYPE OF APPLICA	NT: (enter appropriate letter in box)	
			A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:	_Hml	/ 1 th -0004	B. County C. Municipal	State Controlled Institution of Higher Learning J. Private University	
X New	Continuation A	/] 🔀 Revisión 📗	Ф. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
A. Increase Award B, Deci	rease Award T. A. Thorease	EVAIGNO HOUS	G. Special District	M. Profit Organization N. Other (Specify) Limited Partnership	
D. Decrease Duration Other(s	specify): 0 17,100	a keel IIIII 6	9. NAME OF FEDERA		
	:			Development	
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NL			TLE OF APPLICANT'S PROJECT:	
		1 0 4 0 5		ction of a bi-unit farmworker thent development in Red	
TITLE: Farm Lat			Bluff, Calif		
12. AREAS AFFECTED BY PRO	IJECT (Cilies, Counties, Sta	les, etc.).	51411, 4411.		
City of Red Bluff;	, County of Teha	ma			
13. PROPOSED PROJECT	14, CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
	33 (Federal), 2	<u>6 (State Senat</u>	e), 2(Federa	& State), State Senate 4 SUBJECT TO REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:	• .		ORDER 12372 PR	*	
a. Federal	\$.00		, :	
	1,000,000	ŭο		APPLICATION/APPLICATION WAS MADE -	
b. Applicant	9,049,322	-		FOR REVIEW ON:	
c. State	\$	- -	DATE	·	
d. Local	\$:	,00			
		99	b. No. PROGRA	M IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE	
e Other Permanent Lender	717,532		FOR REV		
f. Program Income	\$				
		00	17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL .	10,766,854	0		attach an explanation. No	
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALI	L DATA IN THIS APPLICA	ATION/PREAPPLICAT	TON ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			E APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Repr		b. Title		c. Telephone Number	
John Clem		<u>President. TE</u>	<u>LACU Homes In</u>	c. (323) 721–1655	
d. Signature of Authorized Repres	sentative CU	M		c, Date Signed	
Previous Edition Usable ()	- NAN (Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproduction	n			Prescribed by OMB Circular A-102	

OMB Approval No. 0348-0043

E OF SUBMISSION: Application Construction Non-Construction Non-Construction APPLICANT INFORMATION E Application Non-Construction Non-Construction APPLICANT INFORMATION E Application Non-Construction Application Application Non-Construction Application Application Application Organizational Unit: Name and telephone methis application (give are Edward L. Stace Edward L. Stace Application A State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District 9. NAME OF FEDERA United State: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10. — 4 0 5	umber of person to be contacted on matters involving the acode) Cy 559-443-8475 NT: (enter appropriate letter in box) H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)Local Housing Authority L. AGENCY: S. Department of Agriculture "LE OF APPLICANT'S PROJECT:" ion and upgrade of existing
May 6, 2004	rederal Identifier umber of person to be contacted on matters involving ea code) Cy 559-443-8475 NT: (enter appropriate letter in box) H. Independent School Dist. 1. State Controlled Institution of Higher Learning J. Private University K. Indian Triba L. Individual M. Profit Organization N. Other (Specify)LOCal Housing Authorical Controlled Institution of Agriculture LAGENCY: S. Department of Agriculture LE OF APPLICANT'S PROJECT: ion and upgrade of existing
Application Construction Construction A DATE RECEIVED BY FEDERAL AGENCY	rederal Identifier umber of person to be contacted on matters involving ea code) Cy 559-443-8475 NT: (enter appropriate letter in box) H. Independent School Dist. 1. State Controlled Institution of Higher Learning J. Private University K. Indian Triba L. Individual M. Profit Organization N. Other (Specify)LOCal Housing Authorical Controlled Institution of Agriculture LAGENCY: S. Department of Agriculture LE OF APPLICANT'S PROJECT: ion and upgrade of existing
Construction Non-Construction Non-Constr	umber of person to be contacted on matters involving the acode) Cy 559-443-8475 NT: (enter appropriate letter in box) H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)Local Housing Authority L. AGENCY: S. Department of Agriculture "LE OF APPLICANT'S PROJECT:" ion and upgrade of existing
Non-Construction Non-Construction APPLICANT INFORMATION Legal Name: Housing Authority of the County of Fresno Address (give city, county, State, and zip code): 1331 Fulton Mall, P.O. Box 11985 Fresno, CA 93776 Edward L. State B. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 7 0 3 0 1 2 4 2 E E V A State B. TYPE OF APPLICATION: New Continuation 18 Revision A. Increase Award B. Decrease Award D. Decrease Award D. Decrease Duration Other (specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TIT Rehabilitat migrant hour year-round of the county of the County of Federal Domestic Assistance number: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TIT Rehabilitat migrant hour year-round of the county of the County of Federal Domestic Assistance number: 11. DESCRIPTIVE TIT Rehabilitat migrant hour year-round of the county of the	umber of person to be contacted on matters involving the acode) Cy 559-443-8475 NT: (enter appropriate letter in box) H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)Local Housing Authority L. AGENCY: S. Department of Agriculture "LE OF APPLICANT'S PROJECT:" ion and upgrade of existing
APPLICANT INFORMATION egal Name: Housing Authority of the County of Fresno Address (give city, county, State, and zip code): 1331 Fulton Mall, P.O.: Box 11985 Fresno, CA 93776 Edward L. State Edward L. State Edward L. State	ea code) Cy 559-443-8475 NT: (enter appropriate letter in box) H. Independent School Dist. 1. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)LOCal Housing Authoric LAGENCY: S Department of Agriculture LE OF APPLICANT'S PROJECT: ion and upgrade of existing
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1331 Fulton Mall, P.O. Box 11985 Fresno, CA 93776 Edward L. Stace Edward L. Stace Edward L. Stace T. TYPE OF APPLICATION NUMBER (EIN): T. TYPE OF APPLICATION: X New Continuation (Proceedings) E. Interstate F. Intermunicipal G. Special District P. NAME OF FEDERAL United States 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TIT Rehabilitat migrant hour year-round	ea code) Cy 559-443-8475 NT: (enter appropriate letter in box) H. Independent School Dist. 1. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)LOCal Housing Authoric LAGENCY: S Department of Agriculture LE OF APPLICANT'S PROJECT: ion and upgrade of existing
Fresno, CA 93776 Edward L. Stace Edward L. Stace Edward L. Stace Fresno, CA 93776 Edward L. Stace Fresno, CA 93776 Edward L. Stace 7. Type of Application A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District 9. NAME OF FEDERAL United States 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TIT Rehabilitat migrant hour year-round	NT: (enter appropriate letter in box) H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)LOCal Housing Authoric LAGENCY: S. Department of Agriculture LE OF APPLICANT'S PROJECT: ion and upgrade of existing
5. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICATION: A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District D. Decrease Award D. Decrease Duration Other(specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TIT Rehabilitat migrant hour year-round	H. Independent School Dist. 1. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)LOCAL Housing Authorical Agency: S. Department of Agriculture "LE OF APPLICANT'S PROJECT:" ion and upgrade of existing
A. State B. TYPE OF APPLICATION: X New Gontinuation 18 Revision A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District D. Decrease Award D. Decrease Duration Other(specify): 10 —4 05 TITLE: 10 —4 05	H. Independent School Dist. 1. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)Local Housing Authorical Agency: S. Department of Agriculture "LE OF APPLICANT'S PROJECT:" ion and upgrade of existing
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A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District D. Decrease Duration Other(specify): 10 —4 05 TITLE: A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District 9. NAME OF FEDERA United States 10 —4 05 TITLE:	I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)Local Housing Authori L. AGENCY: S. Department of Agriculture LE OF APPLICANT'S PROJECT: ion and upgrade of existing
A. Increase Award D. Decrease Award D. Decrease Duration Other(specify): 10 —4 05 TITLE: C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District 9. NAME OF FEDERA United State: 10 —4 05	J. Private University K. Indian Tribs L. Individual M. Profit Organization N. Other (Specify)Local Housing Authoria L. AGENCY: S. Department of Agriculture LE OF APPLICANT'S PROJECT: ion and upgrade of existing
IX New Continuation 18 Revision D. Township E. Interstate F. Intermunicipal G. Special District 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TIT Rehabilitat migrant hous year-round	K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)Local Housing Authoria L. AGENCY: S. Department of Agriculture LE OF APPLICANT'S PROJECT: ion and upgrade of existing
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9. NAME OF FEDERA United States 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10. — 4 0 5 TITLE:	S Department of Agriculture LE OF APPLICANT'S PROJECT: ion and upgrade of existing
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITE Rehabilitat migrant hour year-round	LE OF APPLICANT'S PROJECT:
Renabilitat migrant house year-round of the calculations of repeats bombs and the calculations of	ion and upgrade of existing
Rehabilitat migrant hour year-round	ion and upgrade of existing
Rehabilitat migrant hour year-round	ion and upgrade of existing
TITLE: migrant hour	1011 200 4 9 9 1
TITLE: year-round	sing units to accommodate
	occupancy by farm labor
45 ADEAC AEEECTRITRY PRUJECT (LINES COUNTES, States, Closs	3344
12. ANLAG AFFECTLE DITTIONED TO	
County	
13 PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:	
10.1 101 44	
!h Project	
	aza Firebaugh, CA
10/04 11/05 Housing Auth. of Co. of Fresno Maldonado Pl	aza Firehaugh, CA SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING: 16. IS APPLICATION \$3,000,000 ORDER 12372 PR	
90	·
a. Federal USDA 514 \$ 1,000,000 a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE
USDA 514 1,000,000 OO AVAILABLE	E TO THE STATE EXECUTIVE ORDER 12372
	FOR REVIEW ON:
00	
c. State DATE	
JSerna FWKn Hsng Gn 2,000,000	
d. Local b. No. ' PROGRA	AM IS NOT COVERED BY E. O. 12372
© OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
a. Other FOR REV	VIEW
f. Program Income \$ 17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
00	attach an explanation.
1 2 000 000	atthem an experience
THE ALL BATA IN THIS APPLICATION/PREAPPLICATION	TION ARE TRUE AND CORRECT, THE
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS AFFEIGATION TO A MEDIT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative b. Title	c. Telephane Number
Edward L. Stacy Executive Director	559-443-8475
L EGMAND 1 7141V	I Date Clauded
	e. Data Signad
d. Signature of Authorized Representative	e. Date Signed Off

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	5/15/2004	Applicant Iden	R9 # 04-144
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Applicati	on Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identif	ier
Construction	Construction	A. DATE NECESTED BY	TEDEROLE AGENT	, j social identiti	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				•.
Legal Name:			Organizational U	nlt:	
Cityoof San Ber	nardino		Department Cit	v Adminis	trator's Office
Organizational DUNS 80534	9206		Division.		
Street:	Hnl-15 6		involving this ap	plication (alva aco	rson to be contacted on matters a code)
300 North "D" S	treet (Prefix: Mrs.	First Name:	ori
City: San Bernardino	<u> </u>	AY 1 7 2004	Middle Name		
County: San Bernardino			Last Name Sassoon		<i>d</i>
State: CA	Zip Code	Language Language	Suffx:		
Country:	OTATE	THAKING HOUS	Suffix:	7 . 0 . 1	
United States of EMPLOYER IDENTIFICATION	f America		Jasa	oon lo@sb	Fax Number (give area code)
	_		Phone Number (g	•	(909) 384-5138
95-60 00 77 2			(909)384		' '
8, TYPE OF APPLICATION:	(F)	г.	1		of form for Application Types)
If Revision, enter appropriate lett	er(s) in box(es)	n 🔲 Reyision	C. Munio	cipal	
(See back of form for description	of letters.)		Other (specify)		8
Other (specify)			9. NAME OF FED	<u> </u>	EPA .
10. CATALOG OF FEDERAL D		E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLIC	CANT'S PROJECT:
Lakes and Strea	ms Project	56-606			ysis, property
TITLE (Name of Program):	w.				litions, and final
12, AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			ering for the
City of San Ber	nardino, CA		MOLEU TE	ke reserv	ior.
13. PROPOSED PROJECT				ONAL DISTRICTS	OF:
Sian Date: 10/03/2003	Ending Date:	1/2004	a. Applicant	L,43	b. Project 43
15. ESTIMATED FUNDING:	14/3	1/2004			REVIEW BY STATE EXECUTIVE
a Federal \$					
a. Federal		482,100	a. Yes. 🖾 AVAII	ABLE TO THE STA	/APPLICATION WAS MADE
b. Applicant \$		Ų0	PRO	CESS FOR REVIEW	VON
c. State \$. Va	DATE	:05/14/200	04 .
d. Local S	3	94,446	b. No. (PROC	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$.00		ROGRAM HAS NOT	T BEEN SELECTED BY STATE
f. Program Income \$.00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		76,546 ⁹⁸		lach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY . ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF T	LICATION/PREAP THE APPLICANT A	PLICATION ARE T ND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix	Giras No.				
Mr.	First Name Fred		Mic	idle Name	,
Last Name Wilson			Sul	fix	
b. Title .	istrator		c. 1	elephone Number ((909) 384-5	(give area code)
d. Signatura Agricultura Repres				late Signed	05/14/2004
Prevous Edition Usable Authorized for Local Reproduction	n				Standard Form 424 (Rev.9-2003)

PAGE 02/02 PLANNING & RESEARCH 05/17/2004 13:09 9168744606 OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applic ntifier FEDERAL ASSISTANCE 5-17-04 N/A 1. TYPE OF SUBMISSION 3. DATERECEIVED BY STATE State Applicant Identifier Application Preapplication N/A Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction N/A 5. APPLICANT INFORMATION Legal Name: Rancho Cordova Police Department Organizational Unit; Organizational DUNS: Division Address (give city, county, state, and zip code): Name and telephone number of person to be contacted on matters involving this application (alve area code) 10361 Rockingham Sergeant Geoff Sutliff Name: Sacramento, CA 916-874-4601 6. EMPLOYER IDENTIFICATION NUMBER (EIN) TYPE OF APPLICANT: (enter appropriate letter in box) 80~0058934 State H. Independent School Dist. State Controlled Institution of Higher Learning County 8. TYPE OF APPLICATION SIAIL C. Municipal ULCAKINO H Private University Township Indian Tribe New New ☐ Continuation ☐ Revision E. Interstate Individual Intermunicipal M. Profit Organization If Revision, enter appropriate letter(s) in box(es): G. Special District N. Other (Specify) A, Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): 9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 0 Rancho Cordova CIS 2004 TITLE: COPSmin Schools 2004 12. AREAS AFFECTED BY PROJECT (aldes, countles, states, etc.): City 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant b. Project 9/1/04 9/1/07 3, 5 3, 5 16. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE B. Federal ORDER 12372 PROCESS? \$ 125,000.00 B. YES, THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THESTATE EXECUTIVE ORDER 12372 0 PROCESS FOR REVIEW ON: o. State • 0 5/17/04 DATE d. Local \$ 205,763 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 a. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE 0 f. Program income \$ 0 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL If "Yes," aftech an explanation, **☑** No 330,763 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/FREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone number <u>Geoff</u> Sutliff <u>Sergeant</u>

a. Typed Name of Authorized Representative d. Signature of Authorized Representative e. Date Signed 5-17-04

Authorized for Local Baptoduction

ard Emin 424 (REV. 4-92)

Prescribed by OMB Circular A-10

APPLICATION FOR		A DAYS CUDMITTED		Applicant Iden	Version 7/03	
FEDERAL ASSISTANCE	·		/15/2004		K9 #U4-136	
1. TYPE OF SUBMISSION:	6	3. DATE RECEIVED BY	STATE	State Application Identifier		
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier .	
Construction	Construction		•		•	
KKNon-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Unit			
City of San Ber	nardino		Department City	Adminis	strator's Office	
Organizational DUNS: 80534	0206		Division:		•	
Address:			Name and telephon	e number of pe	rson to be contacted on matters	
Street!			invalving this application	First Name:	a code)	
300 North "D" S	treet		Prefix: Mrs.		ori	
City:	IIIII MAY	17 2004 U	Middle Name E -	,	. •	
San Bernardin	0 6 6		Last Name			
San Bernard	ino		Sass	oon		
State: CA	2 4 2 4 2 8	ASUNG HOUSE	_			
Country: United Sta	tes of Amer		Email: Sassoc	n_lo@sbo	city.org	
6. EMPLOYER IDENTIFICATIO			Phone Number (give	grea code)	Fax Number (give area code)	
95-60000772]		(909)384-	5122	(909) 384-5138	
8. TYPE OF APPLICATION:					k of form for Application Types)	
√ Nev	v Continuatio	n 🗍 Revision	C. Munici	nal		
if Revision, enter appropriate lett (See back of form for description	er(s) in box(es)		Other (specify)	par		
(See back of form for description	Of Jane 13.)		1			
Other (specify)			9. NAME OF FEDERAL AGENCY: EPA			
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE	E NUMBER	11. DESCRIPTIVE T	ITLE OF APPLI		
Lakes and Stre			Study and analysis regarding the			
TITLE (Name of Program):		G6-606	development of potential lakes			
					te hìgh ground-	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.); City of San Bernardino, CA			water levels, and provide for			
- -	Indiano, c	£3	treatment 14. CONGRESSION		rage of potable	
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	AL DISTRICTS	OF: water.	
10/01/2002	12/3	1/2004	41,4	13	43	
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE	
a. Federal \$	447	,100	OFT THIS PR	REAPPLICATION	WAPPLICATION WAS MADE	
b. Applicant \$, ± 0 0	7 7 7 7	SS FOR REVIEW	A C LACOUTINE DIND LITTLE	
		ŢM.			•	
s. State 5				5/14/200		
d. Local \$	70	,000	b, No, IT PROGR	AM IS NOT COV	ERED BY E. O. 12372	
e. Other \$	30	,000			T BEEN SELECTED BY STATE	
f. Program Income \$		ŲĐ	FOR RE	VIEW	NT ON ANY FEDERAL DEBT?	
		00				
g. TOTAL \$	477	,100	Yes if "Yes" attac			
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	ALL DATA IN THIS APP	LICATION/PREAPPL	ICATION ARE	IRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1			HE APPLICANT AN	JIHE APPLICA	MI MILL COMPLY MITH THE	
a Authorized Representative			la	- \\		
Prefix Mr.	First Name Fred	3	Middl	e Namo		
Last Name Wilson			Suffix			
b. Title			c. Tel	ephone Number	(give area code)	
City Admini		(909) 384-5122				
d Sarayur of Authorized Repre		e Date Signed 05/14/2004				
Prividus Edition Usable Authorized for Local Reproductio	n				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

	ANCE	2. DATE SUBMITTE 5/15/04	D	ant Id	entifier Verslor	
1. TYPE OF SUBMISSIO	• • •	3. DATE RECEIVED BY STATE		Esg-2004 State Application Identifier		
Construction	Pre-application	A DATE DECEMEN				
Non-Construction	Construction		BY FEDERAL AGENCY	Federal Iden	tifier	
5. APPLICANT INFORMA	Non-Construction		. "	(
Legal Name:			Organizational Unit	·		
San Diego Urban County Organizational DUNS:			Department: County of San Diego	- Dent of Hou	sing and Community Developme	
00-9581646					sing and Community Developme	
Address:			Community Development Name and telephone number of person to be contacted on matt involving this application (give area code)			
3989 Ruffin Road						
City: San Diego	. HA	<u> 17 2004 U</u>	Prefix: Mr.	First Name: Frank		
San Diego County:	· · · · · · · · · · · · · · · · · · ·	Live of 1	Middle Name		4	
San Diego .	Complete State of the	EADING HOUS	Last Name Landerville			
State: CA	Zip Code ATE O	<u>EARING HOUS</u>	Suffix:			
Country: U.S.A.		*	Email:			
6. EMPLOYER IDENTIFIC	ATION NUMBER (EIM)		Frank.Landerville@sc	dcounty.ca.gov		
		•	Phone Number (give as	rea code)	Fax Number (give area code)	
B. TYPE OF APPLICATION	<u> </u>		(858) 694-4818		(858) 694-4871	
	New Continuation	n 🛘 Revision	7. TYPE OF APPLICA	WT: (See bac	k of form for Application Types)	
Revision, enter appropriate See back of form for descri		L Kevision	County		•	
			Other (specify)	•		
Other (specify)		_	9. NAME OF FEDERA	L AGENCY:		
0. CATALOG OF FEDER	AL DOMESTIC ASSISTANC	E NUMBER:	U.S. Department of Ho	ousing and Urb	an Development	
		14-231	Emergency Shelter Gr	ant funding will	lhamande	
TTLE (Name of Program): mergency Shelter Grant	4	<u> </u>	i suucuies iui eineman	ICV Challage An		
2. AREAS AFFECTED BY	PROJECT (Cities, Counties,	States, etc.):	prevention.	ssential servic	es to the homeless &/or homeless	
Inincorp.Area&Coronado,D	el Mar,Imperial Bch,Lemon G	Frove,Poway,Solana Bcł	,			
3. PROPOSED PROJECT tart Date:			14. CONGRESSIONAL	DISTRICTS)E•	
					b. Prolect	
1/04 .	Ending Date: 6/30/05		a. Applicant	i	D. 1 10/00¢	
	6/30/05		a. Applicant 48, 49, 50, 51 and 52		18 49 50 51 and 52	
1/04 .	6/30/05	- 00	a. Applicant 48, 49, 50, 51 and 52 16. IS APPLICATION S ORDER 12372 PROCE	SUBJECT TO I	48, 49, 50, 51 and 52 REVIEW BY STATE EXECUTIV	
M/04 5. ESTIMATED FUNDING:	6/30/05	214,502	a. Applicant 48, 49, 50, 51 and 52 16. IS APPLICATION S ORDER 12372 PROCE a. Yes. THIS PREA AVAILABLE	SUBJECT TO I SS? APPLICATION/ E TO THE STA	48, 49, 50, 51 and 52 REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 4007	
M/04 5. ESTIMATED FUNDING: Federal Applicant	6/30/05	214,502 w 214,502	a. Applicant 48, 49, 50, 51 and 52 16. IS APPLICATION S ORDER 12372 PROCE a. Yes. THIS PREA AVAILABLE	SUBJECT TO I	48, 49, 50, 51 and 52 REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 4007	
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M/04 5. ESTIMATED FUNDING: Federal Applicant State Local	6/30/05	214,502	a. Applicant 48, 49, 50, 51 and 52 16. IS APPLICATION SORDER 12372 PROCES a. Yes. THIS PREA AVAILABLE PROCESS DATE: b. No. PROGRAM OR PROGRAM FOR REVIE	SUBJECT TO I SS? APPLICATION E TO THE STA FOR REVIEW IS NOT COVE	48, 49, 50, 51 and 52 REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON RED BY E. O. 12372 BEEN SELECTED BY STATE	
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A/04 5. ESTIMATED FUNDING: Federal Applicant State Local Other Program Income	\$ \$ \$ \$ \$	214,502	a. Applicant 48, 49, 50, 51 and 52 16. IS APPLICATION SORDER 12372 PROCE a. Yes. THIS PREAVAILABLE PROCESS DATE: b. No. PROGRAM OR PROGRAM 17. IS THE APPLICANT	SUBJECT TO I SS? APPLICATION/ E TO THE STA FOR REVIEW IS NOT COVE RAM HAS NOT W	48, 49, 50, 51 and 52 REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372 BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT?	
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Federal Applicant State Local Other Program Income TOTAL TO THE BEST OF MY KN CUMENT HAS BEEN DUL IACHED ASSURANCES II Authorized Representative offix It Name ut	\$ \$ \$ NOWLEDGE AND BELIEF, A Y AUTHORIZED BY THE GE F THE ASSISTANCE IS AW.	214,502	a. Applicant 48, 49, 50, 51 and 52 16. IS APPLICATION SORDER 12372 PROCES a. Yes. THIS PREA AVAILABLE PROCESS DATE: b. No. PROGRAM OR PROGRES 17. IS THE APPLICANT UYES IF "YES" attach a LICATION/PREAPPLICAT THE APPLICANT AND THE	SUBJECT TO I SS? APPLICATION/ E TO THE STA FOR REVIEW IS NOT COVE RAM HAS NOT W T DELINQUEN IN explanation.	48, 49, 50, 51 and 52 REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON FRED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT?	
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Federal Applicant State Local Other Program Income TOTAL TO THE BEST OF MY KN CUMENT HAS BEEN DUI FACHED ASSURANCES II Authorized Representative offix It Name ut	\$ \$ \$ NOWLEDGE AND BELIEF, A.Y. AUTHORIZED BY THE G.F. THE ASSISTANCE IS AW. First Name Catherine Dept. of Housing and Commerce intally the commerce intal	214,502 w 214,502 w 20 429,004 ALL DATA IN THIS APPOVERNING BODY OF TARDED.	a. Applicant 48, 49, 50, 51 and 52 16. IS APPLICATION SORDER 12372 PROCES a. Yes. THIS PREVENTED THE APPLICANT DATE: b. No. PROGRAM OR PROGRAM OR PROGRAM THE APPLICANT Middle Na J. Suffix c. Telepho	SUBJECT TO I SS? APPLICATION/ E TO THE STA FOR REVIEW IS NOT COVE RAM HAS NOT W T DELINQUEN IN explanation. ATION ARE TR HE APPLICAN ATION ARE TR HE APPLICAN	A8, 49, 50, 51 and 52 REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372 BEEN SELECTED BY STATE T ON ANY FEDERAL DEBT? INO UE AND CORRECT. THE T WILL COMPLY WITH THE	

APPLICATION FOR FEDERAL ASSISTANCE	:)	2. DATE SUBMITTED		T ant ld	entifier Version
1. TYPE OF SUBMISSION:	T.	J5/15/04	·	B-04-UC-06	0501
Application	Pre-application	3. DATE RECEIVED B	YSTATE	State Applica	ation identifier
☑ Construction	☐ Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Iden	Hillor
Non-Construction	Non Construction			· odorar iden	uliei
5. APPLICANT INFORMATION Legal Name:				1	
San Diego Urban County			Organizational Unit:		
			Department: County of San Diego	- Dent. of Hou	sing and Community Developmer
Organizational DUNS: 00-9581646					sing and Community Developmen
Address: Street:			Community Developm	number of	erson to be contacted on matte
3989 Ruffin Road			The same of the sa	arion (Aise at	erson to be contacted on måtte ea code)
City	111111111111111111111111111111111111111	7	Prefix: Mr.	First Name: Frank	
City: San Diego	. UU WAY	7 2004 []	Middle Name	TIGHT	
County: San Diego			Last Name		
OL-1	Zip Còde \ E C E /	CONTRACTOR A	Last Name Landerville		
	92123771 has What has had for	AMINU HUUSE	Suffix:		
Country: U.S.A.			Email:		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		Frank.Landerville@sdo Phone Number (give are	county.ca.gov	
			(858) 694-4818	-a voaa,	Fax Number (give area code)
8. TYPE OF APPLICATION:			· ·	NT: (See bee	(858) 694-4871 k of form for Application Types)
f Revision, enter appropriate letter	Continuation	Revision		VIII (See Dac	k of form for Application Types)
(See back of form for description o	r(s) in box(es) if letters.)		County		
Other (specify)			Other (specify)		
			9. NAME OF FEDERAL	AGENCY:	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	NUMBER:	U.S. Department of Hou 11. DESCRIPTIVE TITE	using and Urba	an Development
		14-218	CDBG entitlement to be	LICOT APPLIC	ANT'S PROJECT:
TITLE (Name of Program): Community Development Block G	rant	111-F110	rehabilation, public impi	rovements, ec	sing acquisition, development and onomic development, and
12. AREAS AFFECTED BY PROJ	JECT (Cities Counties S	States etc.	planning, to improve the	e living enviror	onomic development, and ment of lower income families.
Unincorp.Area&Coronado,Del Mar	Imperial Bob Lemon Gr	ova Power Calana But	,		,
13. PROPOSED PROJECT		ove, roway, Solalia Bch	44 001/00		
Start Date: 7/1/04	Ending Date:		14. CONGRESSIONAL a. Applicant		PF: b. Project
15. ESTIMATED FUNDING:	6/30/05		48, 49, 50, 51 and 52	i i	8 40 E0 E4 1 F0
			16. IS APPLICATION SI ORDER 12372 PROCES	UBJECT TO F	REVIEW BY STATE EXECUTIVE
·		00	A VOC THIS PREAL	PPLICATION/	APPLICATION WAS MADE
b. Applicant \$.00	AVAILABLE	TO THE STA OR REVIEW	TE EXECUTIVE ODDED 40070
c. State \$		- 00	•	OK KEVIEW	ON
I. Local		, •	DATE:		
		.00	b. No. 🔲 PROGRAM I	S NOT COVE	RED BY E. O. 12372
). Other \$.00	OR PROGRA	AM HAS NOT	BEEN SELECTED BY STATE
Program Income \$			FURKEVIEV	W	•
. TOTAL 8		1,300,000	IO INE APPLICANT	DELINQUEN'	FON ANY FEDERAL DEBT?
		7,012,000	Yes if "Yes" attach an	explanation	☑ No
8. TO THE BEST OF MY KNOWL OCUMENT HAS BEEN DULY AUT	COOP AUD DELLE	L DATA IN THIS APPL	ICATION/PREAPPLICAT	TION ARE TO	LIF AND CORRECT THE
I INVIIED ASSURANCES IF THE	ASSISTANCE IS AWA	VERNING BODY OF TH RDED.	IE APPLICANT AND TH	E APPLICAN	F WILL COMPLY WITH THE
<u>Runonzed Representative</u>		·			
ICA	st Name therine		Middle Nar	me	
ast Name rout			J. Suffix		
Title					
rector. Callety of San Diogo Dank at I			c. Telephone Number (give area code) (858) 694-4885		
Signature of Markada Inc		4	HANN KUA	AXXX	
Signature of Appharized Remesent	atlye		e. Date Sig	ned 5-12	0/1

APPLICATION FOR	_			<u> </u>	Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 12, 2004		Applicant Identifier			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application	on Identifier		
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION	l						
Legal Name:			Organizationa Department:	il Unit:			
County of Imperial			Airport				
Organizational DUNS:			Division:				
Address: Street:					son to be contacted on matters		
1099 Airport Road	MAY	1 7 2004			a code)		
City: Imperial		1	Middle Name				
County: Imperial	STATE CLE	ARING HOUSE	Last Name Conn				
State: CA	92251			Suffix:			
Country: USA			Email: dconn@imper	Email: dconn@imperialcounty.net			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number	r (give area code)	Fax Number (give area code)		
95-6000924	П		(760) 355-7944	1	(760) 355-2485		
8. TYPE OF APPLICATION:	= -		7. TYPE OF A	PPLICANT: (See back	of form for Application Types)		
√ Ne If Revision, enter appropriate let		n 🔲 Revision	c.	c.			
(See back of form for description		Other (specify)					
Other (specify)				9. NAME OF FEDERAL AGENCY: Federal Aviation Adminstration			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPT	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
20-106				Imperial County Airport FY 2004 Entitlement Grant Application			
TITLE (Name of Program): Airport Improvement Program (AIP)							
12. AREAS AFFECTED BY PF	ROJECT (Cities, Counties	s, States, etc.):					
Imperial, CA / Imperial County,	CA						
13. PROPOSED PROJECT	- I = 1' - 5 .			SSIONAL DISTRICTS			
Start Date: 05/04	Ending Date: 12/31/04		a. Applicant #51		b. Project #51		
					REVIEW BY STATE EXECUTIVE		
a. Federal \$		855,000 ·	The state of the s	IIS PREAPPLICATION	/APPLICATION WAS MADE		
b. Applicant \$	VALUE - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	45,000		VAILABLE TO THE STATE EXECUTIVE ORDER 1237 ROCESS FOR REVIEW ON			
c. State \$		00	DA	DATE: February 27, 2003			
d. Local \$.00	b. No. 🗂 PF	ROGRAM IS NOT COV	ERED BY E. O. 12372		
e. Other \$				OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income		. 00	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		900,000	1	" attach an explanation	i i		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Authorized Representative Prefix First Name Middle Name							
Prefix First Name David							
Last Name Conn			Suffix				
b. Title Airport Manager d. Signature of Authorized Representative				c. Telephone Number (give area code) (760) 355-7944 e. Date Signed			
iu. Signature di Authonizeu nepr	A			5. Date Oignou	1-124		

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